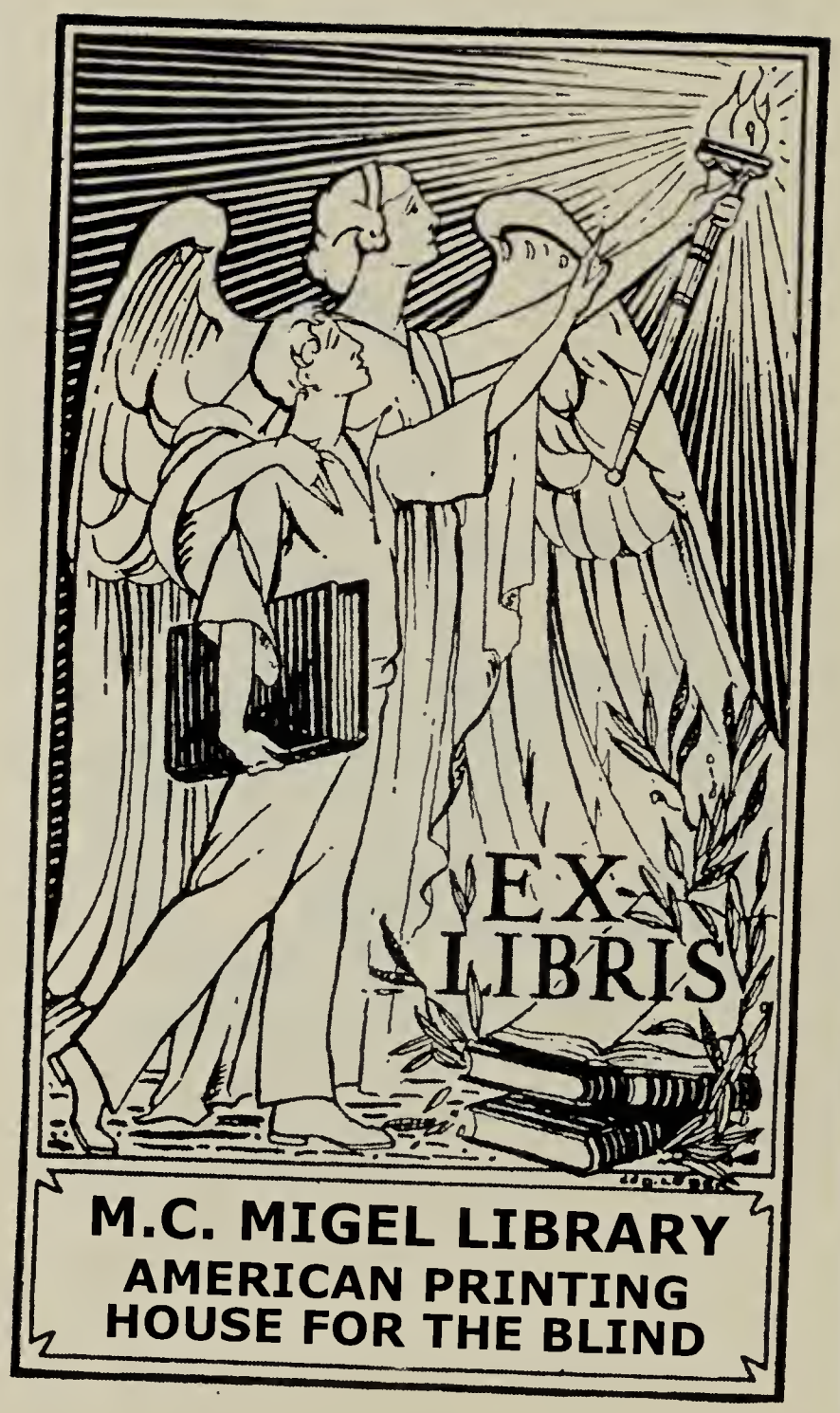
Leisure and Lifestyle

A Cross-National Report on Issues and Models for People with Disabilities

UCIR

A publication of
University Center for
International Rehabilitation

Michigan State
University


EX-
LIBRIS
M.C. MIGEL LIBRARY
AMERICAN PRINTING
HOUSE FOR THE BLIND

Leisure and Lifestyle

A Cross-National Report on Issues and Models for People with Disabilities

UCIR

A publication of
University Center for
International Rehabilitation

Michigan State
University

Edited by
Marianne Maynard
Linda Chadderdon

ORDERING INFORMATION

Additional copies of this publication are available for the cost of printing and mailing. Address inquiries to:

Publications
University Center for International Rehabilitation
513 Erickson Hall
Michigan State University
East Lansing, MI 48824-1034, U.S.A.

This publication is based on research funded by a grant from the National Institute of Handicapped Research, Department of Education, Washington, D.C. (grant number GOO8005487) to the University Center for International Rehabilitation, Michigan State University. The points of view expressed in this publication are those of the authors and do not necessarily represent the opinions or policy of the National Institute of Handicapped Research.

Photo credits: Pamela Treece, cover, left top and bottom.
Eileen Blass, cover, right; and p. 37.
Jim Renuk, p. 1
Les Sinclair, p. 73 and 103.

PREFACE

Perhaps for different reasons, leisure pursuits have emerged as a major interest for both the affluent members of society and those with limited incomes. In the U.S. alone, leisure pursuits have become a million dollar business. The economies of many developed and less developed countries are supplemented by such leisure pursuits as tourism, which itself involves a vast array of leisure activities including travel, amusement, cultural events, and sports.

The newest health movement of keeping fit and trim has accelerated the growth of the sporting industry. The back-to-nature movement has renewed interest in handicrafts. More and more U.S. cities are expanding their museums and concert halls or building new ones in order to keep up with increasing public interest in the creative arts. People from all walks of life are finding enjoyment in a variety of leisure pursuits. Even with the current levels of unemployment, leisure pursuits remain a vital part of life. In fact, leisure pursuits for the unemployed seem to take on greater significance by bringing some normalcy, balance, and satisfaction into life and the use of time.

Recently, the importance of leisure activities has gained recognition in the rehabilitation process. There are a number of people with physical, mental, or social impairments who face barriers to full participation in leisure activities. There are also those who lack the knowledge and skills necessary to fully enjoy leisure activities. These groups are frequently overlooked by the community in programming and program accessibility. Frequently, community service agencies place low priority on the need of this population for leisure as a balance to life stresses. Vocational rehabilitation has traditionally placed its emphasis on training and employment for those with disabilities. Independent living centers have placed their emphasis on such things as attendent recruitment, transportation, and advocacy. Although recreational counseling/programming may be listed as one of their activities, little time is afforded this activity. Since leisure is a vital part of living, it must be taken seriously as an integral part of the rehabilitation process and a major aspect in the reintegration of persons with disabilities in community life.

The purpose of this monograph is to address the issues, concepts, and applications of leisure in the lifestyles of those with disabilities. The three major sections of the monograph are organized to promote a developmental, reflective perspective on the topic of leisure and disabilities. The topics under each section represent what we feel are some of the essential components for discussion. It is impossible to cover all essential aspects of this subject--such a task would exhaust both the writers and the readers. Instead, the intent is to reflect upon the status of leisure in the lives of disabled people in the U.S. and also to draw examples from other

countries in order to present a cross-national perspective of what is and can be.

The authors of the various papers in this monograph represent individuals with a broad interest in recreation and leisure. Four of the authors have direct experience in the area of teaching leisure skills to students and consumers; three of the authors are individuals with disabilities who are themselves strong advocates of leisure pursuits. Furthermore, several of the authors have international experiences that enable them to appreciate the potential of leisure opportunities cross-nationally.

Appendix A of this monograph lists the authors of this volume and their addresses. Appendix B includes an annotated bibliography of selected books, documents, and journal articles that may be helpful for community leaders, agency personnel, and recreation specialists to gain more information about leisure/recreation activities and programs. Appendix C provides a list of U.S. and international recreation organizations that provide resources and/or services to the disabled population. These organizations can be a good source for further information on specific programs and resources in the field.

Marianne Maynard

Acknowledgments

The editors wish to acknowledge the following individuals for their contributions to this monograph.

First, thanks go to the initial project planning committee on recreation and leisure, which included: Professors Richard Paulsen and Janet Wessel at Michigan State University, UCIR graduate research assistants Ms. Barbara Palombi, Ms. Rosalia de Paula Silva Mancilha, and Mr. Inge Morisbak. The committee members, by sharing their experiences and opinions, helped to clarify the issues and suggest the content for this monograph.

Special thanks go to Mr. Inge Morisbak, who alerted us to the increasing international importance of this topic, and to Dr. William Frey, director of UCIR, for his continued support of this project.

Dr. John Nesbitt provided us with many useful documents and papers on domestic and international aspects of recreation for disabled people, and we wish to thank him for sharing this information with us.

Our hardy thanks go to all of the writers of this monograph for their concerted efforts in examining the issues and for sharing their perspectives on the subject.

The photographs in this volume are from a photo essay put together by the Lansing, Michigan Center of Handicapper Affairs. Ms. Maxine Hire spent long hours typing drafts and the final copy of this publication. Thanks are due to them both for their important contributions to the finished copy.

We dedicate this publication to professionals and consumers in the rehabilitation field, who, working together, can promote the value and role of leisure pursuits in the lifestyle and social integration of people with disabilities.

Marianne Maynard and Linda Chadderdon

CONTENTS

1. ISSUES AND POLICIES RELATED TO LEISURE LIFESTYLES

It is rare to find documents dealing with rehabilitation of the handicapped that devote space to recreation. (Day, 1976)

The first paper in this section raises concerns about the health status of people in the U.S. and Norway and suggests a need for new health care strategies that include recreation for a healthy lifestyle. The next paper provides data on the effects of disability on lifestyle and the implications this has for participation in work and leisure. Cross-national work and leisure policies and practices are discussed to illustrate what is being done to improve the lifestyles of people with disabilities. The final paper provides an overview of the kinds of cross-national governmental support of recreation for people with disabilities.

Considerations about Health and Recreation Lifestyles

Knut Egil Grendstad
Beitostolen Helsesportsenter, Norway

The history of modern medicine is one of enormous innovation and discovery. It is also a history of powerful new treatment strategies, procedures, and devices. These developments have had a powerful impact on our attitudes. We have come to believe that medicine can take care of our health. It seems that the strengthening and development of one system has lead to a weakening of another - our personal responsibility for health.

It is argued that in spite of the increasing investments in the medical field in the industrialized world, the investments do not seem to pay off. There is not a decrease in morbidity and mortality parallel to the increasing investments (7).

Health Status Concerns

The general status of health and its economic implications are issues of increasing and critical concern in the industrialized countries. Some recent trends in American society underline the present and future challenges of health care programs and strategies (8):

- Coronary disease has increased 500 percent in the last 50 years.
- An estimated 30 million Americans have some form of major heart or blood vessel disease.
- An estimated one million have heart attacks each year. Of those, 650,000 (including 200,000 between ages 45 and 65) die.
- Approximately one of every five men will have a coronary attack before age 60.
- For every death due to an industrial accident, there are 50 for cardiovascular disease.
- About 25 million Americans have hypertension. Approximately 60,000 die each year of hypertension, not counting those whose high blood pressure precipitates a heart attack or stroke.
- An estimated eight million Americans have ulcers.
- 10,000 die each year of hemorrhages or abdominal perforations that result from peptic ulcers.

- Approximately one in every eight persons suffers from migraine headaches at some time.

- 12 million Americans are said to be alcoholics.

- Approximately ten million are diabetics.

- Americans consume 16,000 tons of aspirin each year at an expenditure of approximately 500 million dollars.

- More than 230 million prescriptions are filled each year, including five billion doses of tranquilizers, one billion doses of amphetamines, and five billion doses of barbiturates.

- Ten percent of American males now aged 45 will not make it to 55.

Cardiovascular disease is the leading disease in the U.S., both in terms of the numbers involved and the costs. The trend is the same in most industrialized countries (30). In 1977, 19,651 persons died of cardiovascular disease in Norway. This accounted for 494 out of 1,000 deaths and exceeded the number two cause of death, malignant tumors, by 137 percent (11). With cancer, arthritis, and respiratory diseases added to the above conditions, we have the most prevalent diseases in the developed areas of the world (United States, Western Europe, and Japan) (19).

The etiology is complex; different sets of pathogenic agents can contribute to the development of a disorder or a disease. It is, however, obvious that health problems are related to industrialization and urbanization. Psychosocial stress in our culture has become a dangerously cumulative phenomenon, unremitting in its effects. One tragic consequence of this is that stress-related psychological and physiological disorders have become the number one social and health problem in the last decade. Stress-induced disorders have long since replaced the epidemics of infectious disease as the major medical problem of the post-industrial nations (19). Most standard medical textbooks attribute anywhere from 50-80 percent of all disease to psychosomatic and stress-related disease.

Over 90 percent of us are born healthy and made sick as a result of personal misbehavior and environmental conditions. The inextricable interaction between the person and his/her psychosocial environment finds further support in Hans Selye's books (23, 24). He regards mind, body, and spirit as an integrated unit. Health exists when they are in harmony, while illness results when stress and conflict disrupt this process.

The Need for New Health Care Strategies

The great increase in environmental and stress-related

diseases in the industrialized world, in spite of the huge investments in medicine and health care, point to the need for new health and wellness strategies. There is a need to add new dimensions to the traditional medical approach to health, to balance the medical emphasis on rehabilitation and healing through chemotherapy and surgery.

Since the Middle Ages, Western philosophers have divided man into separate aspects of body, mind, and spirit. We in the West think in terms of these parts of man rather than seeing the human being as an integrated whole. This spirit is evident in the present division of the healing professions where physicians treat the body, psychologists and psychiatrists treat the mind, and the clergy attend to the soul (19).

However, the healing sciences are expanding their procedures to include all aspects of a person's life. We humans are complex organisms composed of a multitude of elements -- physical, mental, emotional, environmental--that come together independently to create something greater than a collection of parts. Each area of life influences the others, and the boundaries between causes and effects blur and shift continuously (8).

One assumption in the traditional approaches to healing is that health or disease is dependent upon outside factors, such as bacteria, radiation, crowding, poverty, and factors related to stress and stress-related disorders. Obviously, there can be no doubt that these external issues can inhibit a person in maintaining health and growth. However, if we look to the field of stress and stress-related diseases and disorders an important factor for stress alleviation is the emphasis upon the individual's internal volition as the ultimate point of resolution (19). It is quite evident that two individuals confronted with virtually the same external circumstances react quite differently. Individuals can become aware of and create an alternative to even the most pressing of external circumstances. While much of human behavior can be accounted for by genetic endowment, physical factors, unconscious choices, and environmental conditions, a simplistic reduction of all human behavior so as to exclude volition does not seem valid according to empirical and phenomenological observation.

Because of the recognized importance of volition, an increased emphasis is now being placed upon the person as an active and responsible participant in preventing and maintaining his or her own health. Diagnosis and treatment of pathology is a medical concern, but the creation of a lifestyle conducive to health maintenance and personal fulfillment is beyond the limited scope of pathology correction. Medicine is only one part of this process. It is increasingly evident that though people can be assisted medically, their health or sense of well-being is not necessarily enhanced.

Recreation - Lifestyle Considerations

The importance of lifestyle is becoming recognized as the main factor in determining the health of the disabled and nondisabled alike. Lifestyle refers to all activities affecting health that are under the control of the person (2). A good lifestyle can therefore be referred to as any human behavior that promotes health through a development and realization of a person's potentialities. Basic for this understanding of health and lifestyle is WHO's definition of health as "...a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity" (4, p. H-9). The notion of health as a state of mental, social, and physical perfection has taken hold. Terms such as promotive medicine appear increasingly in health writing, and especially the term "wellness." The trend is also mirrored in the mental health field where the school of humanistic psychology is expanding with its emphasis on the promotion of self-actualization and human potential.

It is also mirrored in the philosophy of leisure and recreation. The Credo of Special Recreation, Inc. says:

> We believe that every person, regardless of disability, illness or injury has the responsibility:
>
> - to direct his or her recreational lifestyle in the pursuit of happiness by exercising the aesthetic, creative, health, mental, physical and social aspects of recreation;
>
> - to achieve his or her highest potential for personal fulfillment in and through recreation;
>
> - to strive to achieve the highest possible quality of life in and through recreation. (28, p. 1)

Two basic components in this Credo should be underlined. First, it is the person's own responsibiity to realize his or her potentialities and well-being. This is a belief or a philosophy that does not in itself need further empirical evidence or basis. Secondly, quality of life is closely related to the individual's chosen lifestyle. Underlying this philosophy is the assumption that leisure and recreational activities have an impact on the realization of human potential and wellness. This is an assumption about the interrelations among phenomena, about cause and effect. And the discussion of causality is a complex one, always.

There is no one clear-cut definition of leisure and recreational activities. We find residual definitions of leisure, such as time left over from work or after obligations have been met, free time, discretionary time, choice time, and time for people to do what they want (10,31). On the other hand, we find more operational defini-

tions describing activities, facilities, and even types of public transportation related to leisure and recreation (28).

The definition that lies between these two extremes lists the most common groups of leisure or recreational activities persons might pursue in their leisure time:

- Creative and expressive activities
- Outdoor recreation
- Social activities
- Special interests
- Sports and athletics.

Independent of definitions, involvement in recreational activities is in itself part of a lifestyle. The question is whether this lifestyle has consequences for or impact upon the individual's development and state of well-being, both in terms of prevention and rehabilitation.

Day-to-day experiences, as well as a growing volume of professional literature, support the proposition that participation in recreation contributes to the achievement of medical, social, educational, and vocational rehabilitation goals. The contribution might be indirect, as when a client must have relief from the demands of an intensive rehabilitation program, or direct, as when social, cognitive, or physical skills gained or practiced in recreation contribute to a general rehabilitation plan (14, 15). When recreation contributes to rehabilitation, it also can be concluded that recreational and leisure activities are useful strategies in preventing illness and disorders.

These benefits of recreation are also reflected in industrial recreation. More than 50,000 firms in the U.S. have some kind of recreational program or services, though many are operated exclusively for middle and upper management (5). "This rise in importance is easy to understand: increased health and fitness awareness helps lower insurance costs; and a healthier, happier work force is more reliable and productive, has less problems with stress, and generally enjoys life more" (5, p. 620).

Some companies also stress the educational aspects of recreation. The Xerox company is one of them. They try to increase health awareness by offering cardiopulmonary resuscitation seminars, self-defense, aerobic dancing, yoga instruction, biofeedback, stress management, nutrition, and smoking cessation classes (5). The educational aspects are obviously important ones. With the exception of a few healthful rituals, such as brushing one's teeth and

bathing, there is little encouragement in our society for individuals to assume responsibility for staying well or to do more to enhance one's total functioning than to try to remain free from symptoms of disease. Health knowledge and skills, active responsibility for one's own health, and an appreciation for the holism of health and its potential have not been taught as part of the process of growth and development (3).

Wellness or health is a state of being, an attitude. It is an ongoing process, not a static state that we reach and never have to consider again (29). Recreational experiences, including educational aspects, have the inherent potential to develop and facilitate a process leading toward awareness and increase in the responsibility for our own well-being.

Recreation, Lifestyle, and Values

Mosey (13) says:

> ...some values in common, regardless of religious or political beliefs. Peoples' basic needs are often such values. One of these needs is good helath. Health needs can be defined as inherent human requirements that must be met for an individual to experience a sense of physical, psychological, and social well being. (p. 14)

She does, however, differentiate between these general health needs and those that arise from the consequences of physical pathology or defective psychosocial development. In other words, a distinction between the process of meeting health needs and treatment.

Mosey's statement about basic health needs and values is not original. The so-called "vital value" is earlier described in philosophy in the vitalism represented by philosophers like Henry Bergson and Max Scheeler (27).

In Der Formalismus der Ethik, Max Scheeler describes the vital value as "Lebensgefuhls" or "feeling for life." He says that this value is experienced through feelings of wellness and illness, feelings of aging and death, weakness and strength, anxiety and courage (22).

There is no one universally accepted definition of the term "value." It is, however, often explained as an internal principle that influences the individual's thought and behavior. Our behavior and thought are not governed by our values; we do not always choose directions and behaviors according to the values we have. It is more precise to say that our values normally have a dynamic influence and effect upon every decision processed. The Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers

says in one of its publications that recreation under any circumstances is a need -- a need for human growth, development and behavior, a need for total fitness (21).

Conclusion

Lifestyles create self-imposed risks: excessive alcohol consumption, cigarette smoking, abuse of pharmaceuticals, overeating, lack of exercise, promiscuity, careless driving, and lack of recreation and relief from work, as well as the pressures that stem from a mobile society that is increasingly uprooted and removed from traditions and cultural background.

The certain causes of sickness, illness, or lack of wellness are interwoven with these elements. In this picture, medicine is only one aspect of health; we must also take into account man's lifestyle, behavior, and environment. And so with recreation, it represents only one part of the big health puzzle. But it is a serious challenge. Around 1835, workers were employed an average of 78 hours per week in the United States, almost twice as much as today (6). In the last decade, American workers have had more leisure hours than working hours per year: 2,175 leisure hours versus 1,960 hours of paid work (12).

If we accept that man has a basic need for total fitness and self-realization, and if we can accept the relation between health and a holistic development and realization of human resources, then does this amount of leisure time in itself represent a challenge for law makers and future health strategies and for the individual?

No social system and no social aid scheme can or should eliminate the responsibility and the challenge faced by each individual. We should, however, remember that not all human beings are equipped with the same mental, social, and physical capacity. But in societies based on the idea of human equality, everybody has the right to develop and enjoy the human potential they possess. It is a challenge and a task to open possibilities for this holistic human development.

In the last few years, an increasing number of publications have argued that no explanation of human psychology, healthy or ill, can be adequate if it does not consider psychological factors in the person. Attention is also being paid to social and cultural factors as they affect health (1, 19, 20, 23). The already sizable consensus that medicine and health care are more than the application of sophisticated technology is rapidly increasing (26).

It is difficult to determine the contribution made to health by individual elements. Health depends rather on their interrelationship, i.e., their synergism or antagonism. Such elements include, among others, tobacco smoking; dietary and drinking habits; occupa-

tional hazards; water, food and air pollution; noise; accidents; and the social web that protects against or aggravates illness and disability. Lifestyle development and recreational fulfillment are important aspects of health, and promotive medicine is a must in planning future health policy.

Just after the Second World War, the Norwegian total public expenditures on assistance and social concerns represented 5 percent of the GNP. In 1979, this percentage had increased to 23. In the same period, the GNP increased four times. This means that in real terms the spending on this program was 15-20 times higher in 1979 than in 1946 (18). The Royal Norwegian Ministry provides a fitting conclusion:

> We can probably spend additional billions in the health and social budgets to remedy damage to the human mind and body caused by unfortunate and inhuman conditions in our society, ...it is, however, basically wrong to spend large sums of money to aid obvious shortcomings and faults of our society. We should spend these large sums on preventive measures to avoid future casualties...In this perspective, we can see the new task ahead of us in planning and development at all levels of our society (18).

References

1. Bakal, D.A. Psychology and medicine: Psychological dimensions of health and disease. New York: Springer Publishing Co., 1979.

2. Brubeck, J. Lifestyle and lifespan. American Rehabilitation, 1981, 6 (3), 6-10.

3. Bruhn, J.G., and Cordova, D.F. A developmental approach to learning wellness behavior, part II: Adolescence to maturity. Journal of Holistic Health, 1971, 2 (1).

4. Clayton, J.L. Taber's cyclopedic medical dictionary. Philadelphia: F.A. Davis Company, 1977.

5. Debats, K. Industrial recreation programs: A new look at an old benefit. Personnel Journal, 1981, 60 (8), 620-627.

6. French, W.L. The personnel management process. Boston: Houghton Mifflin Co., 1982.

7. Fysisk adktivitet for Helse og trevsel [Physical activity for health and well being]. (Special issue). Tidsskrift for Den Norske Lageforening, 1980, 12.

8. Goldberg, P. Executive health. Hightstown, N.J.: McGraw Hill, 1978.

9. Grendstad, N.M. Hvastyrer min adferd. Oslo, Norway: Didakta norsk forlag, 1978.

10. Haworth, J.T. Work and leisure. London: Jepus Books, 1975.

11. Health for all in Norway. Contributions to an ad hoc meeting on Health for All in Industrial Countries, Geneva, May 1980.

12. Kraus, R. Recreation and leisure in the modern society. New York: Appleton, Century, Crofts, 1971.

13. Mosey, A.C. Meeting health needs. The American Journal of Occupational Therapy, 1973, 27 (1), 14-17.

14. Neal, L.L. Recreation's role in the rehabilitation of the mentally retarded. Eugene: University of Oregon, Rehabilitation Research and Training Center in Mental Retardation, 1970.

15. Nesbitt, J.A. Recreation for the handicapped: A social right, a recreational necessity. In Recreation and the Handicapped. Session conducted at the annual meeting of the U.S. President's Committee on Employment of the Handicapped, Washington, D.C., May 1972.

16. Nesbitt, J.A. The role of legislation in ensuring special recreation services. Journal of Leisurability, 1980, 7 (3), 17-24.

17. Nesbitt, J.A. The benefit of leisure service and participation to people who are handicapped. Rehabilitation International Congress. Tel-Aviv, Israel, 1977.

18. Nordli, O. Introduction at the 10th regional symposium of the International Council on Social Welfare. In Social policy in Norway in postwar years. Oslo: The Royal Norwegian Ministry of Foreign Affairs, 1979.

19. Pelletier, K.R. Mind as healer; mind as slayer. New York: Dell Publishing Co., 1977.

20. Pelletier, K.R. Toward a science of consciousness. New York: Dell Publishing Co., 1978.

21. Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers, George Washington University. Focus on research: Recreation for disabled individuals. Washington, D.C.: Author, 1980.

22. Scheeler, M. Der Formalismus der Ethik. Halle, East Germany: Max Niemeyer Verlag, 1913.

23. Selye, H. The stress of life (Rev. ed.). New York: McGraw-Hill, 1975.

24. Selye, H. Stress in health and disease. Boston: Butterworths, Inc., 1976.

25. Simons, R.C. Reviews and descriptions. International Journal of Rehabitation Research, 1981, 4 (2), 271-278.

26. Simonton, O.C., Simonton, S., and Creighton, F. Getting well again. New York: St. Martin's Press, 1978.

27. Spranger, E. Types of men. (P.J.W. Pigors, Trans.) Halle, East Germany: Max Niemeyer Verlag, 1928.

28. The credo of Special Recreation, Inc. Iowa City, Iowa: International Center on Special Recreation, n.d.

29. Travis, J.W. Wellness education and holistic health: How they're related. Journal of Holistic Health, 1978, 3, 25-32.

30. Vellar, O.D. Health education in Norway, health education in Europe. Cologne, Federal Republic of Germany: Federal Center for Health Education, 1980.

31. Weiskopf, D.C. A guide to recreation and leisure. Boston: Allyn and Bacon, Inc., 1975.

Cross-national Issues Related to the Labor and Leisure of People with Disabilities

Marianne Maynard
University Center for International Rehabilitation
Michigan State University

It is estimated that there are over 500 million people with disabilities in the world today, with the expectation that this number will increase to 700 million by the year 2000 (17). This number of disabled persons is already having a major impact on the world's human and economic resources. The vast majority of disabled persons are in the unemployed, low-income categories and unable to contribute to the economic growth of their nations. Chronic illness, poor nutrition, poor sanitation, accidents, and diseases are not only problems faced by Third World nations, but also by North America and Europe. Added to this is the concern for the growing numbers of unemployed and displaced workers in the new technological age and the struggle for and realignment of scarce world resources. Emerging from these global concerns is a reconsideration of the values of work and leisure with emphasis being placed on the need for a more humane and equitable balance between work and leisure in a person's lifestyle.

This paper explores the impact of a disability on a person's lifestyle and discusses the issues and practices that go along with integration into work and leisure.

The Effects of Disability on Lifestyles

Who are the disabled and what are the issues that impact on their lifestyles? Porter (12) provides a profile of some of the characteristics of people with disabilities in the U.S. who need rehabilitation services. Highlights are that:

- Over 11 million noninstitutionalized Americans aged 16 to 64 reported that they had permanent work disabilities in 1970. This is 10 percent of all men and 8.5 percent of all women; many have long-term disabilities lasting five or more years.

- The disabled population is considerably older than the general population, with 42 percent of the handicapped being between 35 and 54 years of age and 35 percent between 55 and 64 years of age.

- Disabled people have less schooling than nondisabled people. Thirty-seven percent in the age range of 18 to 64 did not go beyond elementary school compared with 18 percent of the general population, and 85 percent did not go beyond high

school compared with 75 percent of the general population.

- Disabilities related to work capabilities are more prevalent among minorities than the white population. In 1970, for individuals between 18 and 64 years of age, permanent disabilities were reported by 9 percent of the white population, 13 percent of the black population, and 10 percent of those of Hispanic origins.

- Disabled people are more likely to be heads of households; 13 percent of households were headed by disabled women in the disabled population compared to 10 percent headed by women in the general population.

Such data suggest that people with permanent or long-term disabilities are older and less educated but maintain management responsibility for a household. The following characteristics cited by Porter on the employment status of disabled people provide us with additional facts about their economic well-being, such as:

- A higher proportion of disabled people have never worked. Of those aged 18 to 64, 4 percent of the disabled men had never worked compared with 2 percent of the total male population, and 16 percent of the disabled women compared to 11 percent of all women.

- Disabled people have lower earnings than nondisabled people aged 18 to 64. The average disabled person's income was $1,000 below the average for the total population. Those working held proportionately fewer professional, technical, and managerial jobs than did the general population. Disabled men were more likely than nondisabled men to have clerical, sales, service, or laborers' jobs, while disabled women were more likely to be laborers or service workers.

The severity of impairments not only creates functional limitations, but also is associated with limited access to educational and training opportunities, over-protectiveness of family members, and job discrimination. Such factors account for the higher proportion of disabled people who have never worked. Those employed, generally, were also found to be in lower-paying positions or worked only part time, earning less than average income. In general, such data would suggest that a larger proportion of people with disabilities are experiencing a marginal lifestyle. The magnitude of the problem becomes clear with a more complete analysis of data on disability. Such data can serve as a guideline to the needs of the disabled.

U.S. data on disability in the work force (10) corroborates Porter's findings, suggesting that about 10 percent of the population 18 to 64 years of age has some degree of work disability, and about

11 percent have some degree of functional limitation that interferes with total independence in living.

Hammerman and Maikowski (6) reported a strong relationship between disability and poverty, which derives from a combination of reduced family income and the extra costs of disability. Expenditures for health care for those with disability are three times more than for the nondisabled population. These extra disability-related costs include expenditures for domestic help, transportation, home aids, and assistive devices. Other costs may include the loss of income from work. There is, also, the loss of time for developing and expanding skills and the loss of schooling, social contacts, leisure activities, and self-esteem, and the resulting personal and marital stress. Disability pensions rarely make up for both the loss of income and the higher costs of living. These factors have a decided effect on the quality of life of many disabled people and their families.

Figures reported in the August 25, 1983 Handicapped Americans Reports, based on U.S. Census Bureau reports, paint a dismal picture of the relationship between disability and unemployment. For example, the census bureau survey found that (13):

. The poverty rate among disabled workers reached 26 percent in 1982. That means that of the 13.1 million people classified in a March 1982 census survey as having a work disability, 3.4 million were living in poverty. In contrast, the poverty rate in that year for people with no handicaps to employment was about 10 percent.

. Disabled men took part in the work force at about half the rate of nondisabled men--41.5 percent for work-disabled men compared with 88.8 percent for those with no handicaps to employment.

. For disabled, working-age women, the report found that only one-third were as likely to be in the labor force in 1982 as were women with no work disability--23.7 percent compared with 64.3 percent.

. Disabled working men earned $3,600 less in 1981 than their nondisabled peers. Disabled working women earned less than half of what disabled men earned in that year, and were paid $2,600 less than nondisabled working women.

. Working-age people (age 16-64) with a work disability or health problem that prevents them from holding a job or limits the work they can do were seriously economically disadvantaged.

. Among disabled working-age men, the unemployment rate in

1982 was 17 percent, as compared with 10.2 percent for men with no work disability. Among female workers, the unemployment rate was 18.8 percent for the disabled and 8.3 percent for the nondisabled.

- In addition to earning less and experiencing more unemployment than healthy workers, disabled working men tended to have fewer employer-provided benefits. About 59 percent were covered by a health plan in 1981, compared with 72 percent of employees with no work disability.

- Work-disabled persons make up a disproportionate share of persons participating in some of the major assistance programs. For example, about 23 percent of the 12.1 million working-age people who received food stamps in 1981 were work disabled. The work disability rate among Medicaid recipients was about 37 percent.

- Overall, about 9 percent of the nation's working-age population had a work disability in 1982. The percentages are higher in the central cities of the Northeast (11.3 percent) and the nonmetropolitan areas of the South (11.7 percent).

- The chances of having a work disability increase rapidly after workers hit middle-age. The rate last year was 7 percent for persons 35 to 44 years old, 12.3 percent for persons 45 to 54 years of age, and 24 percent for persons age 55 to 64.

- Among the working-age population, the disability rate was 31 percent for people with less than an eighth-grade education, 9 percent for high school graduates, and 4.6 percent among college graduates.

Based on these facts, many disabled people never have the opportunity to engage in the normal social roles and the developmental tasks of their age peers.

Social/Environmental Barriers to Full Integration In Work and Leisure

Barriers to Work

Work takes on great importance for individuals who find it difficult to enter or maintain a position at the workplace. Acton (1) feels that the value of employment for disabled persons is derived from four interacting economic and psychosocial pressures. They are:

(1) The need for income that can be obtained from gainful employment.

(2) The value placed by most societies on productive and gainful employment.

(3) The need to be integrated in the normal flow of life.

(4) The regular structure and discipline given to life through work. (p. 3)

The characteristics of severely disabled individuals, along with attitudinal, social, and physical barriers, prevent many from fully assuming their place in society. Society and most of its functions have been developed to meet the requirements of normal, average, or standard situations, a tendency that seems to become more pronounced in the developed societies. As long as "normality" in society is defined in narrow terms, the disabled will continue to face important social barriers to their integration into all aspects of life. There still exists a tendency in modern society to categorize and classify people. This ultimately leads to prejudices and discrimination against certain categories of people, such as the disabled, minorities, and women. All of these groups face similar social barriers to integration in the work force (3).

Legal, physical, and attitudinal barriers have traditionally stood in the way of the disabled person's right to full employment. Attitudes held by employers create stereotypes of the kinds of jobs each disability group can be expected to perform. A report in the U.S. News & World Report (8) confirms these findings and concludes that job discrimination remains widespread against persons with histories of epilepsy, alcoholism, cancer, and other hidden health problems, as well as against those who have served time in prison. Also, cases of "psychological discrimination" in the workplace were found to be common for those with hidden handicaps. The report finds that job bias continues despite a 1973 federal law that forbids employers who receive federal funds or contracts from denying jobs to those with handicaps.

A survey (16) of the attitudes of 1,879 blue- and white-collar workers and supervisors toward physically disabled persons found that general knowledge and information about disabilities (recurrence and causes) and about the possibilities of rehabilitating the physically disabled was very limited. Their general stereotype of a physically disabled person characterized the person as permanently suffering, helpless, emotionally disturbed, and socially isolated. Many held the opinion that the disabled are partially responsible for their own disability. Attitudes concerning social acceptance and vocational and social integration indicated that over half of the respondents were in favor of partial or complete segregation and isolation of the disabled. The majority believed that employers and supervisors preferred nondisabled workers, even if the disabled person were as qualified as the nondisabled. The survey also found that the majority of the respondents assessed productivity, qualifi-

cations, and vocational capacities of disabled workers as considerably below average. The results of the study suggest that negative and discriminating attitudes toward disabled persons are widely spread among U.S. working people.

A 1980 research study by the American Management Association (15) indicated that another barrier to full employment for disabled people is inadequate job preparation and lack of marketable skills, particularly in technical areas. Along with these factors, employers identified such problems as: difficulty in locating qualified disabled employees; poor performance of professional and advocacy organizations in providing information on disabled persons' qualifications; disincentives offered by society that discourage disabled people from entering the job market; and insufficient information and corporate training programs dealing with disability.

With a surplus work force in the United States, as in many countries, handicapped workers are at a great disadvantage in competition with the able-bodied worker. Education and legislation, including compulsory measures like quota employment, may not be able to overcome employment practices. Although many employers may be sympathetic to handicapped people, they may, nevertheless, prefer to contribute towards disability pensions and organizations for the disabled than find a place for them in their employ. This attitude often stems from the belief that it is more efficient to discharge disabled workers and contribute to their support than try to retain them in employment. The World Health Organization expresses a need to persuade and educate employers to think in terms of the residual capacity, rather than incapacity, of disabled persons with the end result that disabled persons be absorbed into jobs they can perform on a more or less equal basis with able-bodied employees (4).

Barriers to Leisure

There are many barriers to the full participation of people with disabilities in leisure-time activities. These barriers include attitudinal, environmental, and socioeconomic barriers. Barriers to participation in leisure exist alongside barriers to employment in some degree in most countries. For example, attitudinal barriers to leisure-time participation are often reflected in the disabled consumer's feelings of discomfort, fear, and lack of skill in participating in community recreation programs. Recreation personnel and the general public may have an aversion to the disabled person sharing the same leisure facilities with them and manifest their feelings with disgust, rejection, or by being overly helpful and pitying.

Environmental barriers prevent many disabled persons from participating in community activities because of the lack of accessibility of public buildings, parks, theaters, and even churches. Lack

of accessible modes of public transportation prevents many mobility-limited people from getting to public places for enjoyment. Socioeconomic factors also prohibit many from engaging in leisure-time activities, especially those who are unemployed or on a very restricted budget. The costs of leisure-time activities may not seem much to the average person, but for low-income persons, the priority for other essential commodities will usually take precedence over purchasing a ticket to the theatre or baseball game or buying equipment for camping or even paying the $2.00 admission fee for a visit to the museum.

Freedom to Work and Enjoy Leisure

The disabled person is entitled to the same opportunities as the general population: to work, change jobs, and to take leave from work and enjoy leisure. The freedom to work and partake of leisure are concepts that are not as widely accepted in the United States as they are in other modern Western industrial societies. Many Western countries have taken steps to insure the freedom to work. For example, the Netherlands and Great Britain have laws requiring industry to employ a certain percentage of disabled workers (11). Western European countries also provide more sheltered employment opportunities than in the United States.

The Dutch and English programs reflect their commitment to the individual's freedom to work. Successful functioning within a sheltered work setting is highly regarded in these societies, which is contrary to the U.S. push to have disabled persons placed in competitive employment. The "philosophy of those countries is that all citizens have the right to work, and when one is unable to obtain competitive employment, then it is the obligation of the government to provide a sheltered work setting where a livable income can be earned in a comparable industry that gives individuals the freedom to work" (11, p.7). By paying or subsidizing client's wages for indefinite periods of time, the governments of Holland and England assure that the disabled person has a place to work and income for living. The tolerance for an unemployed surplus population is not found in all modernized Western countries, but rather it is a result of a social value system and selection bias pointed at those with disabling characteristics (11).

The freedom to enjoy leisure is also promoted in Holland. Under Holland's "National Working Incapacity Act" and other acts (such as the provisions of the health insurance scheme and those of the Ministry of Housing) there are provisions that cover extra traveling expenses by rail, bus, and taxi for work, study, and leisure purposes.

The Canadian federal government, provinces, and local authorities have taken the initiative to promote physical accessibility to cultural events. Throughout Canada there is an effort to inform

people about the present accessibility of public buildings for the physically handicapped. A most important governmental decision was the adoption of Supplement No. 5 to the National Building Code, which requires that all new buildings built by the federal government or by a federal agency must be designed according to certain rules and specifications so as to be easily accessible to physically disabled persons. Application of the Code to construction in the private sector remains, however, haphazard. Other areas of improvement are braille books and cassettes for the blind in the libraries, and braille floor plans or taped comments that serve to guide blind persons in museums, art galleries, and other public settings (10).

Policy Declarations

The UNESCO Universal Declaration of Human Rights declares that everyone has the right to work. The right to work is one of the most basic of all our cherished rights. Work gives an individual not only economic self-sufficiency, but also a sense of dignity, self-worth, and the satisfaction of making a contribution to our society (2).

The Charter for the 80s (Rehabilitation International, 1981), a statement of consensus on international priorities for the decade 1980-1990, has set forth the general principles concerning the integration and full participation of disabled people in all aspects of the life of their community. Excerpts from these principles related to participation in the work force are: (14)

- When possible, disabled people should be placed in open employment. (Article 53)

- Special measures should be taken, as appropriate, to create and widen employment opportunities for disabled people in both urban and rural areas. (Article 54)

- A disabled person should not, as a result of his or her disability, be discriminated against in respect to wages and other conditions of employment if his/her work is equal to that of other workers. (Article 55)

- Disabled people should have the option to change, interrupt or terminate employment in the same manner and on the same basis as other workers. (Article 56)

The charter also addresses the need for leisure participation. Statements that reflect the need for leisure accessibility and opportunities are:

- Societies have an obligation to make their physical environments, housing and transportation, social and health ser-

vices, educational and work opportunities, cultural and social life, including sports and recreational facilities completely accessible to people with disabilities. (Article 33)

- The community must be accessible to all its members. People with disabilities have a right to use all structures intended for general public use. Like everyone else they need a useable means of transportation within the community. Building standards and community designs should include requirements for accessible living, learning, working, recreational and transportation conditions, in rural as well as urban areas. (Article 38)

- People with disabilities have the same needs for social relationships and recreational opportunities as do all other people. Most people with disabilities are capable of utilizing community recreational facilities, whether they involve sports, creative activities or other dimensions. Such facilities should be developed on the basis of inclusion, rather than exclusion, of the members of the community with disabilities. (Article 43)

These principles are being put into practice in various countries with the goal of integrating disabled people in work and leisure pursuits.

Work/Leisure Practices

Examples of Work Practices in Sweden, Poland, and England

In Sweden, work is the basis of economic and social welfare. To the individual, work is the foundation of material support and a source of satisfaction, activity, and companionship. The objective of the Swedish labor market policy is to provide work for everyone. However, unemployment among disabled people is, on the average, considerably higher than among other groups, and, in recent years, disabled persons have found it increasingly difficult to obtain work. This seems to be due to an increased demand for efficiency at the workplace and low demand for labor in both the private and public sector. The Employment Protection Act gives disabled persons and elderly workers valuable protection in their employment and helps to counteract rejection at the workplace (9). Governmental funding is available in Sweden to subsidize the wage of the disabled employee on a new job and, at the same time, to give an economic benefit to the employer for hiring the disabled worker. There are also sheltered workshops in both Sweden and Denmark, usually part of transitional units as well as long-term placements for the severely disabled (7).

In Poland, disabled and nondisabled persons work together. There are also industries primarily for disabled persons. The

government has a law that states that regular industries must have at least four percent disabled workers. The law further assists disabled persons into the work force with modification of cars or homes as well as the work sites (5).

Poland also has an Invalid's Cooperative Union that groups 436 enterprises and employs 288,000 people, 177,000 of whom are disabled. Each enterprise is operated as a cooperative with its own management and works in accordance with the rules and guidelines of the national union. Rehabilitation services and training are supplied as needed by the disabled members, and the conditions of work are controlled to accommodate the limitations of each person. There are also 400,000 of the seriously disabled employed in 309 sheltered workshops, and 3,000 work in their homes. All workers are remunerated on the same basis as able-bodied Polish workers and share in the surplus produce of their cooperatives (1).

Remploy Limited in the United Kingdom is another example. The government provides facilities for the training and employment of severely disabled people in 87 factories producing and marketing a wide variety of items and services. In 1979 there were 8,241 disabled employees and an additional 2,400 persons not classified as disabled employed in these factories.

Leisure Practices in Sweden and Canada

Recently, the Swedish Central Bureau of Statistics carried out an investigation of living conditions, including the leisure practices of disabled persons (9). In regards to leisure, the report disclosed that large numbers of the motor-handicapped persons interviewed (a total of 380,000) had not taken part, to any great extent, in the leisure activities studied in the investigation.

Although municipal leisure facilities are required by law in Sweden to be made accessible to persons with motor or orientation handicaps, adaptation of existing buildings and premises to enhance leisure participation is still very slow in development. The report also suggests that disabled persons in Sweden do not take maximum advantage of existing leisure opportunities and that this is partly due to the fact that many have informational handicaps. The solution suggested is to actively promote information outreach activities.

Sweden is placing emphasis on cooperation between local and government authorities and the voluntary organizations to plan for integration of disabled persons in ordinary activities. A few examples of planning by local authorities in this area are improving ground surfacing for wheelchair users; adapting vacation homes to meet the needs of the disabled; rebuilding leisure centers and sport halls; supporting sports of the disabled; making accessible beaches, camping sites, and sports grounds for wheelchair users; and design-

ing special maps for the visually handicapped (9).

A study conducted in 1977 by the Center for Communications of the University of Ottawa revealed that the daily cultural/recreational activities of disabled persons are primarily television viewing and radio listening, followed by reading (10). The findings suggested that these activities indirectly reflected the actual isolation of many disabled persons and their difficulty in gaining access to group activities. The study also found that attendance at concerts or the theater occurred only once a year for most disabled persons, and it was even more rare for a disabled person to go to a movie, take part in educational or artistic activities, or play a musical instrument.

In Canada, the National Inter-Agency Recreation Project (NIARP) has undertaken projects that benefit the leisure pursuits of all disability groups. The project has set up provincial recreation councils to work at the local level. The broad objective of each council is to increase leisure opportunities for disabled persons and support the process of normalization. The councils promote a continuum of support services including people supports (leisure counseling and education, volunteers, encouragement from family, service providers, and the community); physical supports (accessible facilities and transportation, funding); and program supports (a range of programs to match both interests and abilities). The recreation councils do not themselves provide direct recreation services but act in advisory, educational, and promotional capacities (10).

Conclusion

We are bound to observe major changes in our lifestyles in the 21st century. The importance of leisure for a healthy lifestyle--as a healthy use of free time, and as a balance to work--has expanded our horizons. Employment patterns are changing throughout the world. This trend will continue for years to come as new technology takes jobs away from workers. The electronic office, with its range of sophisticated time- and labor-saving devices, will have fewer employees performing large volumes of work with equipment designed for efficient processing, storage, and retrieval of information. Many employees will work at home and readily access data banks and communication systems. The home office or new cottage industry will have considerable benefit for the disabled, senior citizens, and those who do not like the daily commute to work. The cost and benefit to the worker will vary. For example, the benefit of the convenience of working at home may not offset the cost of the social isolation that is part of home employment.

New trends in work roles will require retraining and reeducation of workers. Those unwilling to learn new skills, change old habits, or adapt to these changes will remain unemployed. New types of job and nonwork roles will require society to develop a

fresh conceptualization of the relationships between work and leisure.

Because of global changes in the nature of work, societies seem to be ready and even to welcome changes in work and leisure roles. The adoption of new labor practices will have a major effect on all workers, including those with disabilities. It is hoped that these new models will continue to integrate the disabled with the nondisabled at the workplace and provide more flexibility in work hours, work location, work incentives, and recreation outlets.

Therefore, the foundation must be laid now for the full participation of all segments of our society. By learning from each other, sharing information, and joining forces with people with disabilities and with the rehabilitation, education, business, and leisure communities, innovative approaches and solutions can be discovered for a richer, healthier life.

References

1. Acton, N. Employment of disabled persons: Where are we going? International Labour Review, 1981 120 (1), 1-14.

2. Bayh, B. Employment rights of the handicapped. Journal of Rehabilitation Administration, May 1979, 3 (2) 57-61.

3. Department of Economics and Social Affairs. Social barriers to the integration of disabled persons into community life. New York: United Nations, 1977.

4. Expert committee on medical rehabilitation: First report (Technical report series, No. 158): Geneva: World Health Organization, 1958.

5. Geist, G. A review of Poland and vocational rehabilitation. Journal of Rehabilitation, April/May/June 1982, 48 (2) 63-66.

6. Hammerman, S., and Maikowski, S. The economics of disability in an international perspective. Annual Review of Rehabilitation (Vol. 3). New York: Springer, 1983.

7. Horning, M. Factors influencing rehabilitation results in adults with developmental disabilities: A review of Sweden, Denmark and the Netherlands. New York: World Rehabilitation Fund, 1980.

8. Industries that will do best in the '80s. U.S. News and World Report, June 29, 1981, pp. 60-62.

9. Lewander, A., and Miller, S. Current Sweden - The disabled in Sweden: Handicaps and recreation (No. 278). Stockholm: Swedish Instsitute, 1982.

10. Minister of National Health and Welfare. Disabled Persons in Canada (Cat. No. H74-1 1980E). Ottawa, Ontario, Canada: Minister of Supply and Services, 1980.

11. Parham, J. Social-structure view of employment and the freedom to work concept. Journal of Rehabilitation Administration, February 1980, 4 (1) 5-9.

12. Porter, T. Extent of disabling conditions. In R. Parker & C. Hansen (Eds.), Rehabilitation counseling: Foundations-consumers-service delivery. Rockleigh, NJ: Allyn and Bacon, Inc., 1981.

13. Poverty rate among disabled hit 26 percent in 1982, Census Bureau reports. Handicapped Americans Reports, August 25, 1983, 1-3.

14. Rehabilitation International. Charter for the '80s. New York: Author, 1981.

15. Ruffner, R. Just where's the barrier? A new look at employer attitudes. The Handicaps' Monthly, M.C. (P) 136, April 1982, 54-60.

16. Seifert, K.H. The attitude of working people toward disabled persons, especially in regard to vocational rehabilitation. In A. Spiegel, S. Podair, and E. Fiorito (Eds.). Rehabilitating people with disabilities into the mainstream of society. Park Ridge, New Jersey: Noyes Medical Publications, 1981.

17. World Health Organization. International classification of impairments, disability, and handicaps. Geneva: Author, 1980.

Federal Legislation on Special Recreation for the Disabled in the U.S.

John A. Nesbitt
Recreation Education Program
University of Iowa

Government funding of recreation, while limited, has been provided by a number of countries. Scruton in 1966 reported that 17 of 29 countries responding to a survey reported that their respective national governments provided some level of financial support for recreation in the form of sports for the disabled (8).

In a 1964 United Nations' study on the legislative and administrative aspects of rehabilitation in selected countries (9), very little reference to recreation was found beyond "holiday camps" in Sweden, "cultural services" in the U.S.S.R., and so on. A follow-up study by the United Nations in 1976 found a significant increase in information on recreation programs and services for people with disabilities (10). The national reports from 29 countries indicated that a wide range of recreation activities was being provided, including aquatics, camping, dance, drama, hobbies, mental and literary activities, music, outdoor recreation, recreation clubs, special events, sports, and tourism (holidays and vacations). In addition to providing program support (personnel, for example), these countries also provided support for research, training, and facility construction or modification.

The following countries reported that their national governments supported recreation for the handicapped: Australia, Canada, West Germany, Israel, Malaysia, Mexico, Norway, Philippines, United Kingdom, U.S.A., and U.S.S.R. Nongovernmental support for special recreation for the disabled, offered in various settings, was reported in the following countries: Argentina, Burma, Belgium, Bulgaria, France, Greece, Hungary, India, Indonesia, Ireland, Italy, Lebanon, Netherlands, Pakistan, Spain, Sri Lanka, Sweden, and Switzerland. Nevertheless, the 1976 report concluded, "Several of the countries under review have not developed extensive recreational programs for the disabled" (10, p. 4).

Legislation and Rehabilitation

When employment participation is limited, legislation becomes a means for enhancing vocational opportunity. When barriers to education exist, legislation becomes a means for advancing educational opportunity. When social participation is denied, legislation becomes a means for advancing social opportunity. Therefore, when we are confronted with a lack of recreation services and inequitable recreation opportunity, we must turn to legislation as a means for advancing recreation opportunity. It has been said, "We put years

into life; we must also put life into years." Recreation fulfillment, as the fifth dimension of rehabilitation, is no less important than optimal medical status, vocational success, educational achievement, and full social participation.

Federal Programs and Services

The Congress of the United States has passed legislation that has resulted in a significant expenditure of federal funds for rehabilitation of the disabled and assistance to the disabled. In 1977, the U.S. Office for Handicapped Individuals identified 200 programs and activities serving handicapped persons with over $22 billion in annual federal appropriations (11).

The rehabilitation programs and services provided as a result of federal legislation fall into the following basic categories:

Basic support to states
Basic support to communities
Employment services
Evaluation programs
Facility construction and modification
Financial assistance, e.g., loans
Information/education
Insurance
Legal services
Media services and centers
Medical assistance
Pensions
Personnel
Planning
Public assistance
Research and demonstration
Resource services and centers
Training

U.S. Federal Laws and Programs

The federal laws and related regulations that provide direct authorizations for or allow support for recreation for the handicapped include the following:

1954 Vocational Rehabilitation Act, Public Law 86-656
1963 "Heritage Conservation and Recreation Service" Organic Act, Public Law 88-29
1965 Older Americans Act, Public Law 89-73
1965 Social Security Act and Amendments, Various Titles
1967 Mental Retardation Amendments, Title V, Public Law 90-170
1968 Architectural Barriers Act, Public Law 90-480
1970 Education for the Handicapped Act, Public Law 91-230

1971 Developmental Disabilities Services and Facilities Construction Act, Public Law 91-517 and Amendment, Public Law 94-103
1973 Rehabilitation Act, Public Law 93-112
1974 Rehabilitation Act Amendments, Public Law 93-516
1975 Education for Handicapped Act, Public Law 94-142
1975 Developmentally Disabled Assistance and Bill of Rights Act, Public Law 94-103
1978 Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments, Public Law 95-602
1978 Urban Park Recreation Act, Public Law 88-29
1978 Sports Act, Public Law 95-606

While basic authorizations for recreation services have been limited, there have been a number of federal laws and regulations that have "allowed" recreation for the handicapped as an optional aspect of program support. The question of whether to provide or not to provide recreation services to the handicapped has been answered at the state level based on "discretionary interpretation and decision-making."

The following is a list of federal or federal-state programs that have provided assistance to local recreation programs for the handicapped from 1973-1975. As the legislative authority for this assistance is based on a variety of acts, amendments, and regulations, only the programs and agencies are cited. A more complete listing of sources of federal assistance for recreation for the handicapped may be found in Federal Funding for Special Recreation (4), Resource Guide: Recreation and Leisure for the Handicapped (11) and Financing Community Recreation for the Handicapped: Resources, Procedures and Services (6).

AGING, U.S. Administration on Aging
ARTS, U.S. National Endowment for the Arts
BLIND, TOTALLY DISABLED, Federal-State Social Security Program, County Welfare Department
DISABLED ADULTS, Federal-State Vocational Rehabilitation, State Division of Vocational Rehabilitation
COMMUNITY DEVELOPMENT, U.S. Department of Housing and Urban Development
DEVELOPMENTAL DISABILITIES, Federal-State Programs
DEAF-BLIND, U.S. Bureau of Education for the Handicapped and Regional Centers
DAY CARE, U.S. Office of Education
HANDICAPPED CHILDREN AND YOUTH, Federal-State Education for the Handicapped Program, Local Education Agency, State Education Agency.
MENTAL HEALTH, Federal-State Community Programs for Mentally Ill

OUTDOOR RECREATION, U.S. Heritage Conservation and Recreation Service
RESEARCH AND DEMONSTRATION, U.S. Administration on Aging, U.S. Bureau of Education for the Handicapped and U.S. Rehabilitation Services Administration
TRAINING AND SPECIAL PROJECTS, U.S. Bureau of Education for the Handicapped and U.S. Rehabilitation Services Administration
TRANSPORTATION (Urban Mass Transportation), U.S. Department of Transportation
REVENUE SHARING, U.S. Office of Revenue Sharing and Federal-State Program

Federal Recreation Support

While federal support is provided for recreation for the handicapped, the support provided is miniscule. Out of the US $22 billion expended in 1977 for federal support of rehabilitation, it is estimated that only US $10 million was directed to recreation for the handicapped by various federal programs. This total includes construction, direct services, information, research, demonstration, and training. The level of support does not appear to be commensurate with the recreation needs, rights, or aspirations of people who are handicapped.

In terms of the needs of clients who are served through federal rehabilitation programs, it is evident that limited consideration has been directed to the contribution that recreation can make to education, to prevocational experience, to community functioning, and to socialization.

The following factors might also be considered. Many disabled people will be employed only part time or not at all. For these individuals, unobligated time can become meaningless or time when negative practices are pursued. The United States, like the other industrialized nations and communities throughout the world, has experienced annual increases in consumption. In the U.S., this consumption was estimated in 1978 to be US $300 billion annually. It is recognized that people who are handicapped consume recreation goods, products, and services at a lower rate than the nonhandicapped. Disparity in recreation lifestyles exists. Finally, the lack of access to public programs, areas, facilities, and services because of architectural, transportation, and attitudinal barriers is an affront to the general sense of people's rights.

Types of Progams

Recreation for the handicapped is offered through a wide range of programs that are sponsored by different groups and appeal to particular participants. Programs range from therapeutic recrea-

tion services in institutions to special recreation programs organized solely by handicapped consumers in the community. The following types of recreation programs were identified through the National Institute on Special Recreation sponsored by the University of Iowa and the U.S. Bureau of Education for the Handicapped (5):

Handicapped consumer programs
Handicapped consumer competency programs
Recreation for handicapped: advocacy programs
Special recreation for handicapped: facilities/services programs
Commercial recreation for handicapped persons
Civic service organization programs
Creative and performing arts programs
Educational and school programs
Park and recreation department programs
Rehabilitation, health and welfare programs
Support services programs
Voluntary health agency programs

It should be noted that recreation service is diverse rather than unitary. Recreation is provided directly and indirectly by many community institutions--public, commercial, and private. This contrasts with a delivery system such as education, which is more unified in terms of perceived role, administration, funding, and personnel. Many professionals have given full recognition to the aspect of individual choice in the disabled person's recreation lifestyle, but they have not been aware of the recreation needs of disabled persons in terms of recreation skills, recreation resources, full access, and special recreation services.

Federally Sponsored Outdoor Recreation

The Heritage Conservation and Recreation Services Organic Act of 1963, Public Law 88-29, requires the U.S. Secretary of the Interior to present a Nationwide Outdoor Recreation Plan on a periodic basis. The plan presented in 1973 did not acknowledge a direct federal responsibility for handicapped services provided under the U.S. Department of the Interior. However, a few years later, the effect of the 1973 Rehabilitation Act could be discerned. By 1978, a spokesperson for the U.S. Department of the Interior said the following regarding the plan for 1978:

> The plan would set forth the needs and demands of all Americans for outdoor recreation resources and the current forseeable future availability of outdoor recreation resources to meet those needs. The revised plan will include positive action to generate greater outdoor recreation opportunities for the handicapped and senior citizens, estimated to form about 17 percent of the U.S. population. (3, p. 20)

The plan for 1978 designated recreation for the handicapped as one of nine priority areas for consideration.

Sports Act of 1978

The Sports Act of 1978, Public Law 95-606, provides an example of inclusion of the handicapped in federal legislation. The Sports Act provides that the constitution of the federally chartered U.S. Olympic Committee shall have as a purpose to encourage and provide assistance to amateur athletic programs and competition for handicapped individuals including, where feasible, the expansion of opportunities for meaningful participation by handicapped individuals in programs of athletic competition that heretofore have been engaged in solely by able-bodied individuals. As a result of the legislation, the United States Olympic Committee (USOC) has established a committee on the handicapped with representatives from 16 national sports and recreation organizations. The committee is working on the implementation of this section of the constitution.

Special Recreation Cooperatives

The foremost state and local legislative initiatives have been in the state of Illinois (2). Financial limitations, the dispersal of the handicapped population, and the need to employ professionally trained personnel prompted the development of "special recreation cooperatives." In 1969, the Illinois General Assembly passed legislation enabling park districts and municipal areas to join together in providing special recreation programs for the handicapped and to make a tax assessment to pay for the special recreation program. The Illinois special recreation model has resulted in the formulation and development of 17 special recreation cooperatives in northern Illinois. The program has been recognized as a national model by the National Institute on Special Recreation.

Conclusion

Heering (1) concluded that "legislation may make a substantial contribution toward helping the handicapped to take their rightful place in society with dignity" (p. 37). Legislation providing recreation for the handicapped is no less critical than is legislation for medical, social, vocational, and educational aspects of rehabilitation.

The following general statements can be made about recreation and people who are disabled in the United States and throughout the world. Recreation is a fundamental aspect of living, along with health, nutrition, shelter, education, employment, community living, and so on. Second, there is a significant disparity in the recreation lifestyle of people who are not disabled and people who are. Disabled people are denied access to a wide range of recreational

areas, facilities, and resources. Furthermore, disabled people are excluded from recreation programs, activities, and opportunities because of the lack of special recreation services that would contribute to their rehabilitation and to their community or independent living following rehabilitation. Appropriate recreation behavior contributes not only to rehabilitation, but also to healthful living and the maintenance of the disabled in the community. Many disabled people are unemployed or employed part time, thus greatly increasing the importance of recreation in their lives.

Of the 200 programs and services provided at an estimated cost of US $22 billion in 1977, special recreation for the disabled was grossly underrepresented. Information that is available suggests that this underrepresentation may be global.

The special character of recreation has posed various obstacles. Not the least of the barriers is the ambivalence that the public and professionals feel about recreation. However, rehabilitation continues its steady advance. The 1975 Education for the Handicapped Act included recreation. The 1973, 1974, and 1978 Rehabilitation Act included provisions for independent living rehabilitation. Many other legislative enactments have included the option of developing recreation programs and services for the handicapped.

It is reasonable to conclude that legislation, in the United States and throughout the world, will make a substantial contribution to helping people who are handicapped take their rightful place in the recreation life of their respective societies. Further, it is reasonable to conclude that in the decades to come, legislation and the resulting programs will be a primary means of meeting the recreation needs, rights, and aspirations of people who are handicapped--in the United States and throughout the world.

References

1. Heering, A.H. Social legislation as a means of overriding social prejudice. In D. Werner, K.A. Jocheim, M. Muller, & H. Thom (Eds.), Industrial society and rehabilitation: Problems and solutions. Heidelberg, Federal Republic of Germany: Deutsche Vereinigung fur der Rehabilitation Behinderter, 1966.

2. Keay, S.R., Kenbrigan, K.T., Reiner, L., and Sternfield, B. Guidelines for the formation and development of special recreation cooperatives in the state of Illinois. Urbana-Champaign: Cooperative Extension Service of the University of Illinois, 1976.

3. Moore, H.T. Milestones in recreation for the handicapped. In D.C. Bane, L.S. Bird, & S. Lehew (Eds.), Wait no longer. Parkersburg, West Virginia: Wood County Parks and Recreation Commission, 1978.

4. Nesbitt, J.A. Federal funding for special recreation (ERIC Ed 168-280). Iowa City: Recreation Education Program of the University of Iowa, 1978.

5. Nesbitt, J.A. New concepts and new processes in special recreation. Iowa City: Recreation Education Program of the University of Iowa, 1978.

6. Pomeroy, J. Financing community recreation programs for the handicapped: Resources, procedures and services. San Francisco: Recreation Center for Handicapped, n.d.

7. Russell, D. New life for millions: Rehabilitation of America's disabled. New York: Hastings House, 1972.

8. Scruton, J. Financial support for sports for disabled in different countries. In D. Werner, K.A. Jocheim, M. Muller, & H. Thom (Eds.), Industrial society and rehabilitation: Problems and solutions. Heidelberg, Federal Republic of Germany: Deutsche Vereinigung fur der Rehabilitation Behinderter, 1966.

9. United Nations, Department of Economic and Social Affairs. Study on legislative and administrative aspects of rehabilitation of the disabled in selected countries (Document ST/SOA/51) New York: United Nations, 1964.

10. United Nations, Department of Economic and Social Affairs. Comparative study on legislation, organization and administration of rehabilitation services for the disabled. New York: United Nations, 1976.

11. United States; Department of Health, Education and Welfare; Office for Handicapped Individuals. Federal assistance for programs serving the handicapped (DHEW Publication No. (OHDS) 77-22004). Washington, D.C.: U.S. Government Printing Office, 1979.

2. CONCEPTS AND MODELS

Leisure can be seen as, possibly, the most enabling and supportive medium for enhancing and improving the quality of life for people with disabilities and their families. (Ross, 1983)

The first paper in this section outlines the major conceptual frameworks that have been proposed to describe leisure. The second paper introduces the healthsports concept, which was initiated in Norway, and describes some programs based on this concept. The third paper provides additional information on sports and recreation in other countries. Several studies and models are described that illustrate the value of recreation/sports in the lives of disabled participants. This section concludes with a brief statement from a consumer about the value of leisure in her life.

Leisure Conceptualizations and Models

Richard Dale Paulsen
Park and Recreation Resources Department
Michigan State University

Traditionally, industrial societies categorized day-to-day existence into work, maintenance, and free time. Work and maintenance of oneself and one's living environment were productive and required for acceptance within a social group. Free time was that time that occurred after work and maintenance activities had been accomplished. This time was to be earned through previous productive behavior, although free time was expected to have some productive value also. Those who did not involve themselves in productive activity during free time were viewed as being slothful.

As work hours were reduced and self- and environmental maintenance required less time, the amount of free time increased to become a significant block of time for much of the population. To occupy this time, people found outlets that were either consistent with or complementary to their work activities. These involvements enabled people to satisfy their personal needs in new and creative ways. Such free-time involvements served to re-create individuals physically, mentally, and spiritually; thus, the term "recreation." Recreation activities, because they were tied directly to work, enabled the worker to be better prepared for work and more productive.

As free time and its uses became important elements in the life of industrial workers, thought was given to its meaning. Although the concept of leisure had been introduced by the Greeks as an aristocratic ideal, it came to represent the concept of free time (nonwork) in industrial society. Conceptualizing the use, impact, and values of free time enabled society to begin to investigate and understand the dynamics of this important aspect of life.

For the first time, the qualitative aspects of leisure involvement were considered. Productive use of free time took on another dimension, that of personal development and satisfaction. The values of leisure and recreational involvement were evaluated on criteria other than just their benefit to the workplace. The quality of one's existence was not to be measured only by work status and monetary amounts, but also by the quality of one's free-time involvements.

Significance of Leisure in Modern Society

The importance of leisure involvements can be described by examining their impact upon industrialized society and upon individ-

uals. Several societal factors have supported the growth of leisure involvement in industrial society: (a) increased affluence, (b) increased educational level, (c) increased population, (d) increased mobility, (e) better social welfare, and (f) technological advances (7). These increases have enabled greater numbers of individuals to select from a wider array of leisure involvements. Technological advances have not only brought about many of these changes but have also increased the number and kinds of leisure activities from which to select. Social welfare programs have made leisure opportunities available to members of society who would otherwise not have access to most leisure opportunities.

Concomitantly, leisure activity has impacted significantly on society. The pursuit of leisure involvement has had considerable economic impact. In the United States, for example, annual leisure-related expenditures have been estimated to be well in excess of 200 billion dollars, i.e., nearly 1000 dollars per capita (3). These expenditures were made on a variety of goods and services from the wholesome to the unwholesome. The consumer economy of the U.S. has been supported in part by the sale of leisure goods and services.

Strong interest and participation in leisure activity has brought about the involvement of various governmental units. Governmental attention to leisure activity has taken two forms, regulation of behavior and provision of service. Additionally, industry, through corporate benefits, has developed leisure program opportunities for employees. A more difficult social impact to measure is that of quality-of-life enhancement. Leisure activity provides an outlet for those interested in personal health improvement and maintenance. Through social programs, leisure activities are also made available to socially and economically deprived groups in an effort to improve their quality of life.

The social impacts of leisure involvement stem directly from the benefits derived from such involvement by individuals. Each individual pursues leisure interests for his/her own reasons. Numerous authors have identified the beneficial results of leisure involvement (2, 3, 8, 6, 15). Examples include: physical benefits (fitness, relaxation, rest, skill development), psychological benefits (self-expression; enhancement of identity, self-concept, and self-image; opportunity for self-fulfillment, risk, competition, and adventure), and social benefits (companionship, opportunity to develop relationships, positive social interaction, contribution to the well-being of others). Continued involvement in a particular leisure activity is, to a great extent, based upon the individual's perception of actual benefit.

Leisure: A Multi-Dimensional Concept

The pervasiveness of leisure activity and its varied impacts make it difficult to develop a single, all-encompassing definition of

leisure. To date, agreement in the literature on how the variety of definitions might be categorized has not been accomplished. For purposes of simplicity, I will use the method of categorization employed by Kelly (6). Kelly considered leisure from three definitional perspectives: time, activity, and experience.

Customarily, we refer to leisure as a segment of time. The man on the street typically relates leisure to free time. Kraus (7) provided a formal expression of this view:

> Leisure is that portion of an individual's time which is not devoted to work or work-connected responsibilities or to forms of maintenance activity and which therefore may be regarded as discretionary or unobligated time. (p. 44)

In this view of leisure, the concept is directly tied to time and its major occupier - work. This traditional view provides for a quantitative consideration of leisure. The benefits that are derived from leisure activity are not described through this conceptualization.

Leisure is also considered by some to be activity. The most notable and most often cited, activity-oriented definition of leisure was penned by Dumazedier (4):

> Leisure is activity - apart from the obligations of work, family, and society - to which the individual turns at will, for either relaxation, diversion, or broadening his knowledge and his spontaneous social participation, the free exercise of his creataive capacity. (pp 16-17)

This approach to defining leisure focuses on the content of one's involvement. Defining leisure in terms of activity provides an external structure with which to categorize people's behavior. Such structure provides the opportunity to quantify, to a degree, involvement in those activities identified as leisure.

Leisure may be viewed from a different perspective, that of state of mind or experience. Considered from this perspective, the concept of leisure becomes very ambiguous. A definition that exemplifies this unstructured view was presented by Pieper (13):

> Leisure, it must be clearly understood, is a mental and spiritual attitude - it is not the inevitable result of spare time, a holiday, a weekend or a vacation. It is, in the first place, an attitude of mind, a condition of the soul. (p. 40)

Although this definition gives meaning to involvement that we term

leisure, it is decidedly subjective and, therefore, such behavior is not easily categorized.

Individually, these definitions present a confusing and segmented view of leisure. For the purpose of understanding the comprehensive nature of leisure, Kelly (6) summarized leisure definitions into a three-part description of common elements. This description provides the external structure and the realistic/subjective component needed to explain leisure in terms of the individual participant:

1. Leisure is distinguished from whatever has to be done. Although workplace and worktime may not be separated from family, home, and leisure in some societies, there is an element of necessity in much activity which is absent in leisure.

2. Most important, leisure is freely chosen. While that freedom may not be absolute, at least there is the perception on the part of the participant that this activity could have not been done.

3. The motivation is largely intrinsic. Leisure may combine motivations and benefits, but central is that it is done for its own sake. (p. 23)

Leisure Models

Models of leisure have been generated to clarify and provide structure to the various conceptual orientations of leisure. Such models provide the framework for both serious investigation of the leisure phenomenon and the development of leisure programming. Several models are presented in order that the reader may appreciate the various approaches to the classification of leisure. The authors of these models are Nash (11), who represents leisure as a function of time; Kelly (5), who describes leisure from a sociological perspective; and Neulinger (12), who presents the concept of leisure from the psychological perspective.

Man's Use of Leisure Time

Nash's (11) leisure model (see Figure 1) is based upon leisure as an unobligated block of time freely chosen, whether such time is committed wisely or poorly. Activities that consume unobligated or leisure time are placed in a value hierarchy. A horizon line divides leisure activity into an enrichment hierarchy and a destructive, inverse hierarchy. Using such a model, one can categorize leisure activity, analyze its relative value, and develop leisure activity programming to address social ills and personal enrichment.

Man's Use of Leisure Time

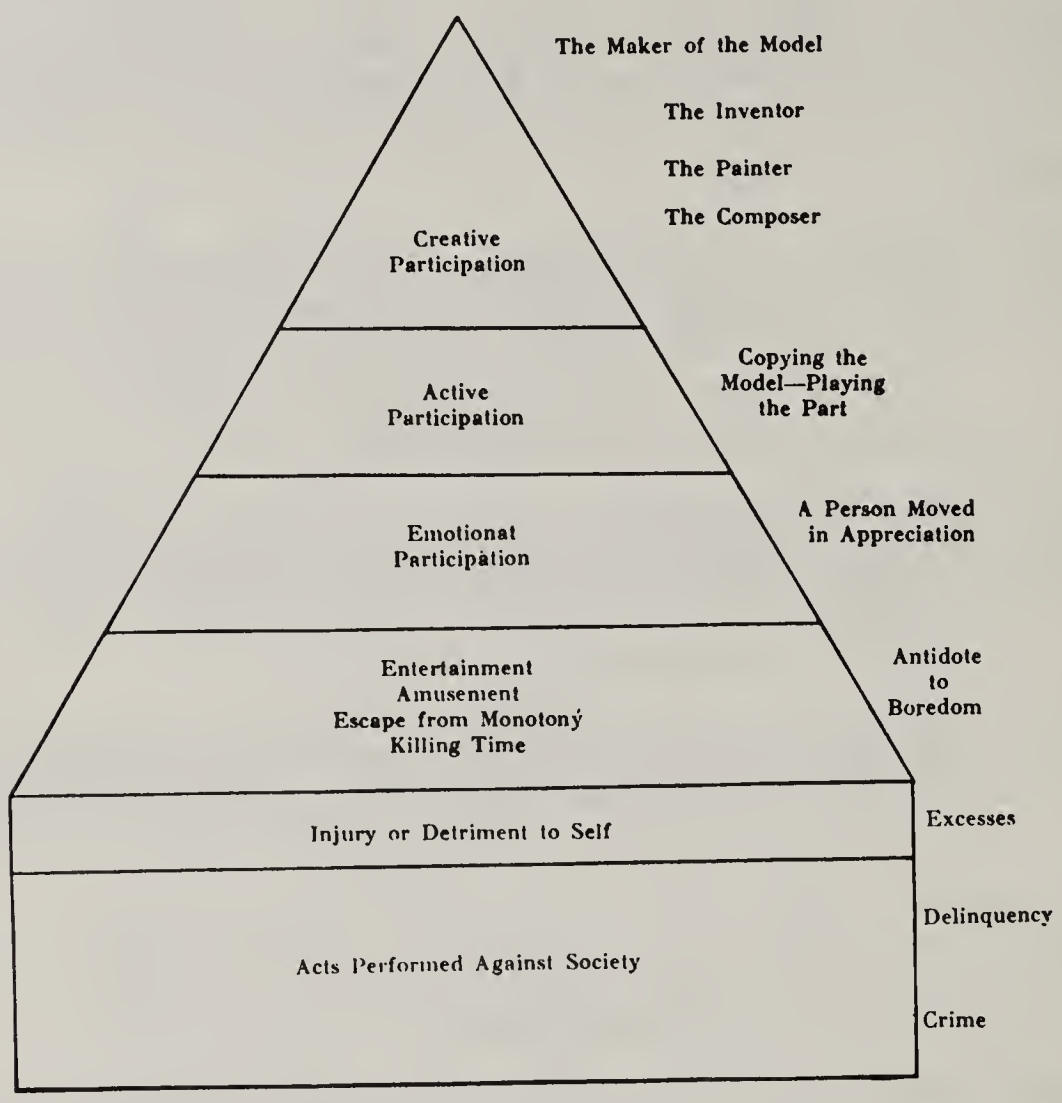


Figure 1

For example, an individual whose primary activities are spectator oriented would be classified as using leisure to relieve boredom. In Nash's (11) view this is not particularly enriching for that individual. To derive the various benefits of leisure participation, the individual must become actively involved in leisure activities. In this model, the ultimate level of enrichment is creative self-expression through leisure activity.

Nash (11) recognizes that discretionary time can also be personally and socially detrimental. An individual can pursue overindulgent activities (overeating, drinking, loafing, etc.) which are physically, psychologically, and socially injurious. The lowest and most harmful activities involves acts against society and other individuals. Such activities degrade both the perpetrator and his/her community. Implicit in this model is the belief that people can improve their quality of life through participation in leisure activities.

Work and Leisure: A Simplified Paradigm.

Kelly's model (5) presents leisure relative to work and uses the leisure participant's degree of freedom/discretion in choosing activities to determine the type of leisure activity involvement. Six key phrases and terms are used in this model (See Figure 2):

1. Freedom-Discretion. "Leisure may be either freely chosen, or it may be predetermined by work constraints or pervasive norms of the society" (p. 55).

2. Work-Relation. "Leisure may be independent of work or dependent on the meaning given it by work. This includes not only the economic reward for tasks performed but also the preparation, appearance, community relationships, residence required, or reward given by the work position" (p. 55).

3. Chosen. An activity is selected at the full discretion of the individual.

4. Determined. There is a perceived loss of status or reward if the individual does not participate. (Loss of discretion.)

5. Independent. A leisure activity that is not dependent on work for its meaning is categorized as independent.

6. Dependent. A leisure activity that has a direct relationship to work is categorized as dependent.

The resulting motivational picture of involvement in leisure activity that is represented by the interactions of personal discretion and work relationship is interesting.

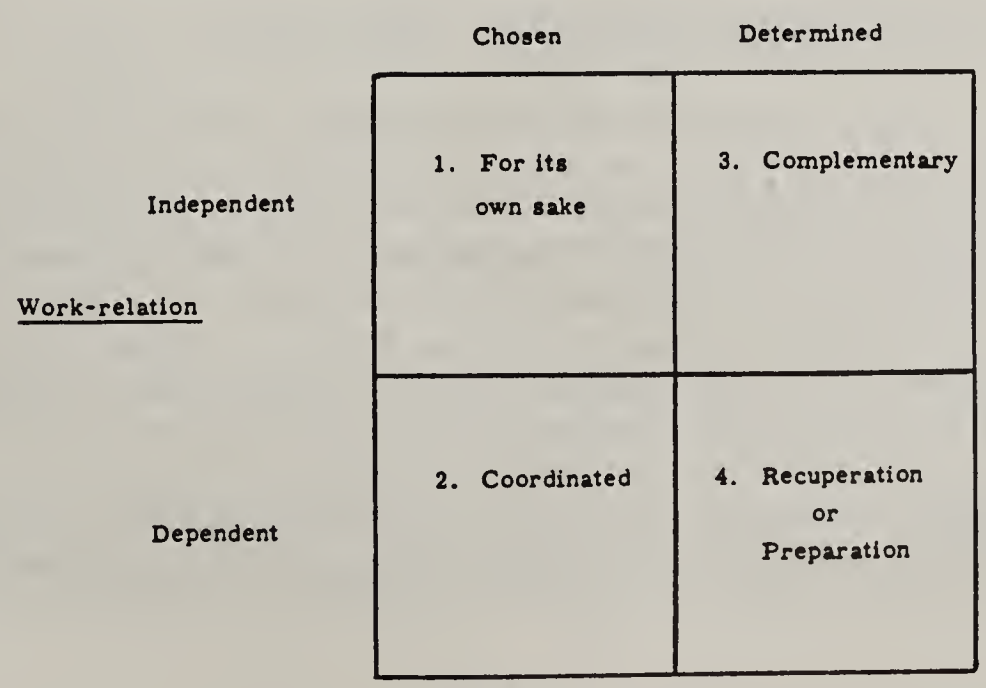


FIGURE 2

Cell 1. This cell represents free and independent, personally motivated involvement in leisure activity.

Cell 2. The activity, although freely chosen, is related to work in the "...skills required, in locales, in sponsorship, or in mode of participation" (p. 56).

Cell 3. The activity is not directly related to work but is participated in as a result of factors associated with an individual's work" ...by being associated with occupational role status expectations or by compensating for work conditions in contrasting form or content" (p. 56).

Cell 4. The activity is directly related to work through preparation or as recuperation.

With this model, it is possible to identify the relationship of leisure activity to work and the participant's relative freedom of choice. These relationships can be examined by using an individual who is employed as a carpenter as an example. Activities in which this individual participates that would be categorized into Cell 1 include water skiing, snow skiing, hunting, and photography. These activities are independent of carpentry, and participation is not influenced by the individual's work. The carpenter's work skills when employed in freely chosen free-time activities, such as furniture restoration or model building, would be categorized in Cell 2. Cell 3 includes activities associated with the carpentry profession, such as work-related social events or assisting a neighbor with house repairs, that may have obligatory dimensions. Cell 3 also includes activities that prepare the carpenter for work (purchase or repair of tools) or allow him/her to recuperate from the demands of the job (swimming, resting, watching television, etc.). Activity in Cell 4 is not freely chosen but necessary for continued successful performance on the job.

A Paradigm of Leisure: A Subjective Definition.

Neulinger (12) conceptualizes leisure from a psychological perspective. The definition from which this model was developed is simply: "...leisure (is) conceived of as a state of mind or an experience" (p. 29). This model differs in two respects from Nash (11) and Kelly (6) in that "nonleisure" is addressed, and the state of the participant's mind is categorized rather than the form or content of activity. With respect to the individual's state of mind, two variables are employed: (a) perceived freedom and (b) motivation.

Modified by the inner- or outer-directedness of behavior, Neulinger (12) divides state of mind into six cells (see Figure 3).

A Paradigm of Leisure: A Subjective Definition

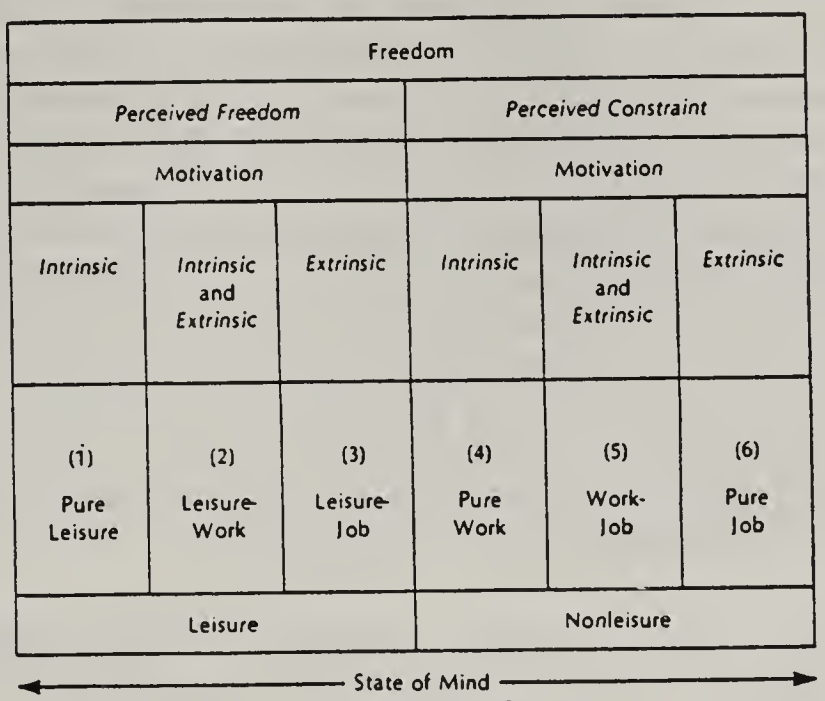


Figure 3

1. Pure leisure. "...a state of mind brought about by an activity freely engaged in and done for its own sake" (p. 31).

2. Leisure-work. "...a state of mind brought about by an activity freely engaged in and providing both intrinsic and extrinsic rewards" (p. 31).

3. Leisure-job. "...a state of mind brought about by an activity freely engaged in, but providing satisfaction only in terms of its consequences or payoffs" (p. 32).

4. Pure work. "...a state of mind characterized by an activity engaged in under constraint, but providing intrinsic rewards only" (p. 32).

5. Work-job. "...a state of mind characterized by an activity engaged in under constraint and providing both intrinsic and extrinsic rewards" (p. 32).

6. Pure job. "...a state of mind characterized by an activity engaged in under constraint and with no reward in and of itself, but only through payoff resulting from it" (p. 32).

Through this model, the individual's perceptions related to activity involvement can be described. One's state of mind relative to participation in an activity can be categorized. For purposes of illustration, this model will be examined through the activities and motivations of an individual employed as a secretary. Pure-leisure (1) is exemplified by listening to music at home. This activity is

freely chosen for purposes of the intrinsic reward or pleasure of the experiences. Jogging for purposes of the exuberant sensations of physical exercise (intrinsic) and improved physical appearance (extrinsic) would be categorized as leisure-work (2). Freely chosen participation in the company's volunteer program would be categorized as leisure-job (3), if the secretary's motivation is based on gaining favor with superiors. Pure-work (4) activities lack freedom of choice but provide strong intrinsic rewards. Planning and implementing the company's Christmas party as a work assignment carries with it the pleasure of creating an interesting program and the satisfaction of facilitating the enjoyment of co-workers. Basic clerical duties would be categorized as work-job (5) with the intrinsic motivation of doing good work and extrinsic motivation of salary and promotion. Pure-job (6) would be exemplified by overtime work with the sole motivation being the extra money that will result from the effort.

Each of these models provide an opportunity to examine leisure. Each, in its own way, helps to clarify the concept of leisure, as well as demonstrate the variety of approaches to explaining the concept. For practical purposes in addressing recreation/leisure services development, the models of Nash (11) and Kelly (6) are most easily applied. Neulinger's (12) model would find practical application in the investigation of personal motivation to participate in recreation/leisure activities.

Leisure Service Provision

General Leisure Service Models

A wide array of leisure opportunities is available from numerous sources: public park and recreation departments, hospitals, nonprofit agencies, and commercial enterprises. When considering, in general, the provision of recreation/leisure opportunities, two continua exist that identify (a) the method and (b) the approach employed by an organization (10).

Direct service/enabling service is one continuum used to describe the delivery of recreation/leisure opportunities. These opportunities range from provision of activities in which individuals may be directly and immediately involved to provision of services that allow individuals to create their own leisure/recreation opportunities.

The greatest amount of participant control occurs when the organizational method of service provision is categorized as "enabling" and the approach to service provision is "cafeteria" (see Figure 4, position A). Little participant control is exercised when services are "direct" in method and "prescriptive" in approach (Figure 4, position B). The control issue is important when providing services for special population groups. In an effort to promote

independent functioning and normalized experience, those participating in leisure/recreational activities must be given the greatest amount of control possible. Programming, therefore, should be closer to the "A" position than the "B" position as identified in Figure 4. Through the provision of recreation/leisure opportunities, organizations encourage, with varying degrees of control, a variety of participant behaviors: (a) socializing, (b) associative, (c) acquisitive, (d) competitive, (e) testing, (f) risk-taking, (g) explorative, (h) vicarious, (i) sensory stimulating, (j) physically expressive, (k) creative, (l) appreciative, (m) variety-seeking, and (n) anticipatory and recollective (10).

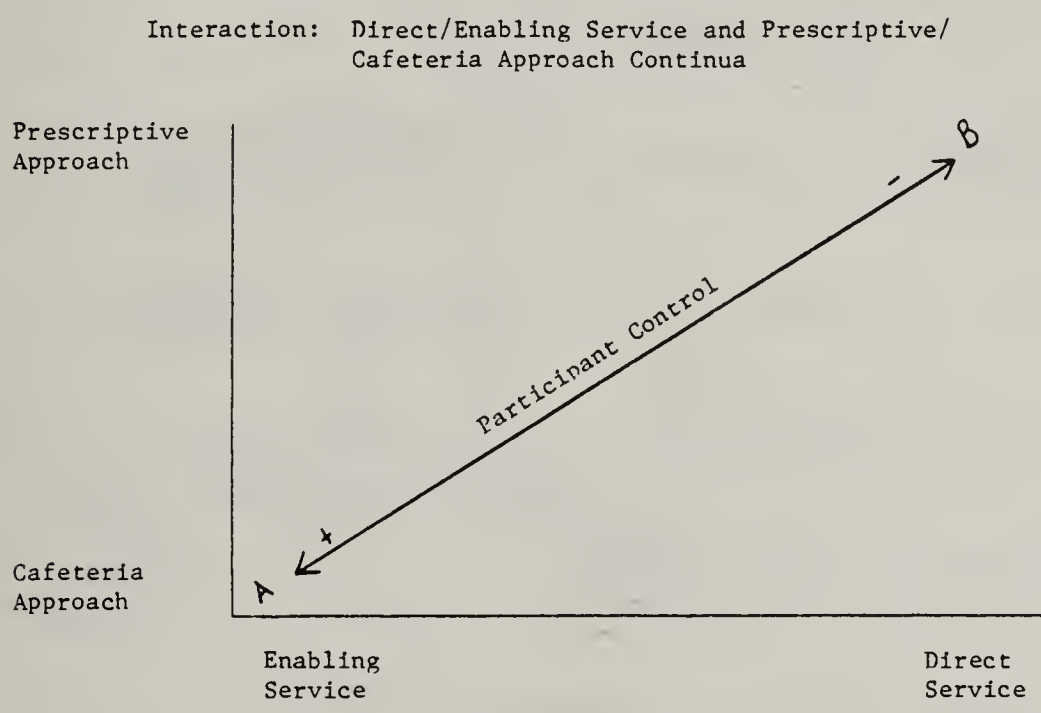


Figure 4

Therapeutic Recreation Service Model

Provision of recreation/leisure opportunities are at times controlled by the provider for the purpose of addressing salient needs of the participant. Such a need-oriented recreation/leisure service has been described by Gunn and Peterson (9). Although this leisure service model was developed to explain the progression of recreation/leisure service for special needs populations in treatment settings, portions of the model may be applied to nontreatment settings. The therapeutic recreation service model (Figure 5) describes the roles of the service provider (therapeutic recreation specialist) and the involvement of the participant (the client) from rehabilitative treatment through his/her return to involvement in the community. A comprehensive approach to career guidance has been offered by Bloland and Edwards (1). They recognize that the needs of an individual cannot be totally satisfied through occupa-

tional involvement. Therefore, vocational guidance services need to be sensitive to the recreation/leisure needs of individuals (14). Such an approach has implications for vocational rehabilitation programs.

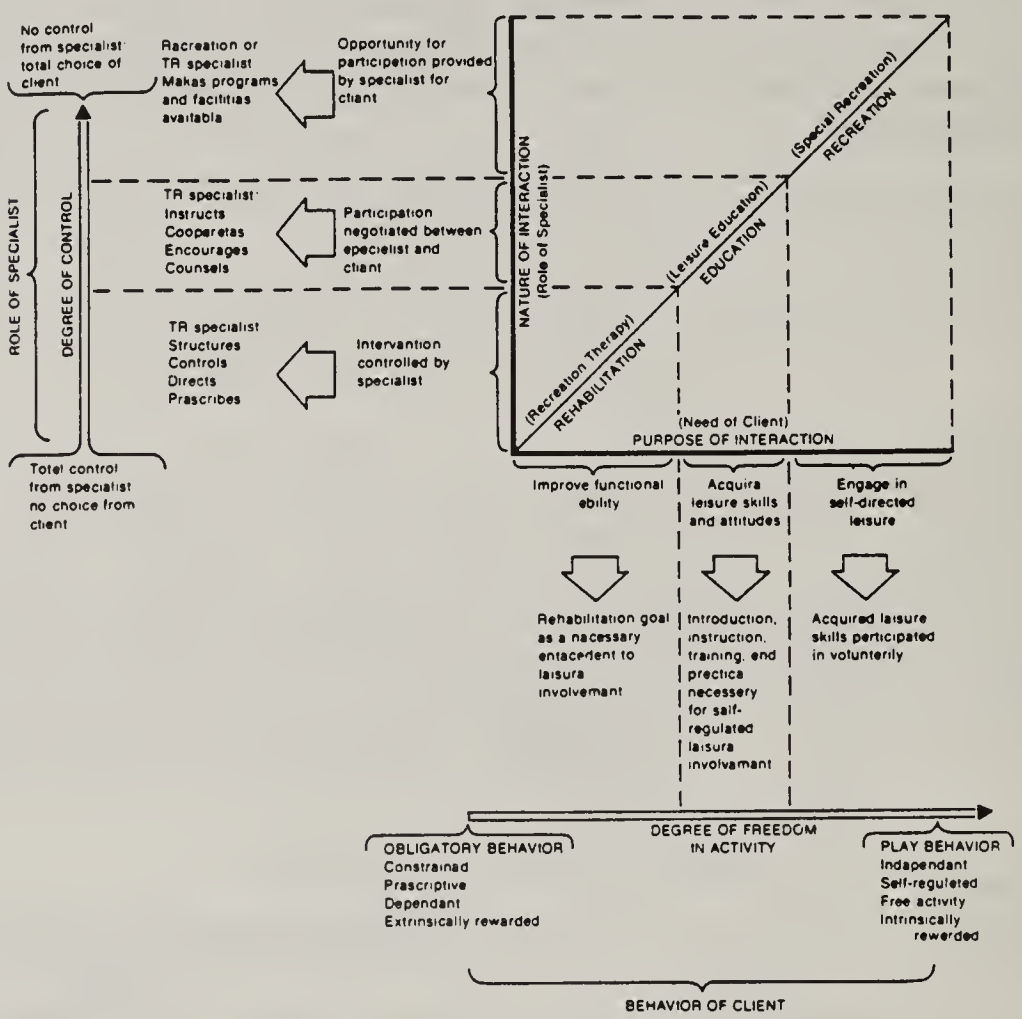


Figure 5

Therapeutic Recreation Service Model

Conclusion

As vocational needs are assessed and subsequently addressed, leisure needs can be assessed and addressed through application of the therapeutic recreation service model. In many cases, leisure needs outweigh vocational needs. Those individuals who are underemployed or employed part-time need opportunities beyond employment to explore their potential and to actively participate in their community.

References

1. Bloland, P., and Edwards, P. Work and leisure: A counseling synthesis. The Vocational Guidance Quarterly, December 1981, 101-108.

2. Carlson, R., MacLean, J., Deppe, T., Peterson, J. Recreation and leisure: The changing scene (3rd ed.). Belmont, California: Wadsworth Publishing Company, Inc., 1979.

3. Chubb, M., and Chubb, H. One third of our time? New York: John Wiley and Sons, Inc., 1981.

4. Dumazedier, J. Toward a society of leisure. New York: The Free Press, 1967.

5. Kelly, J. Work and leisure: A simplified paradigm. Journal of Leisure Research, 1972, 4, 50-61.

6. Kelly, J. Leisure. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1982.

7. Kraus, R. Recreation and leisure in modern society (2nd ed.). Santa Monica, California: Goodyear Publishing Co., Inc., 1978.

8. Godbey, G., and Parker, S. Leisure studies and services: An overview. Philadelphia: W.B. Saunders Company, 1976.

9. Gunn, S., and Peterson, C. Therapeutic recreation program design principles and procedures. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1978.

10. Murphy, J., Williams, J., Niepoth, E., and Brown, P. Leisure service delivery systems: A modern perspective. Philadelphia: Lea and Febiger, 1973.

11. Nash, J. Philosophy of recreation and leisure. Dubuque, Iowa: William C. Brown, 1960.

12. Neulinger, J. To leisure: An introduction. Boston: Allyn and Bacon, Inc., 1981.

13. Pieper, J. Leisure, the basis of culture? New York: The New American Library, Inc., 1963.

14. Rimmer, S., and Kahnweiler, W. The relationship among work, leisure, education, future, and self: An empirical investigation. The Vocational Guidance Quarterly, December 1981, 109-116.

15. Weiskopf, D. Recreation and leisure: Improving the quality of life (2nd ed.). Boston: Allyn and Bacon, Inc., 1982.

Healthsports Concepts and Models

Inge Morisbak
Beitostolen Helsesportsenter, Norway

Fields such as adapted physical education, therapeutic recreation, and leisure services for handicapped individuals have received increased attention over the last decade in many countries. Increasing demands for sports and recreational programs and services by disabled people, and the legislative mandates of recent years supporting these demands, have created a need for systematic development, research, and evalulation in the field.

The growth of this field is part of the strong trends for equality in civil rights for handicapped individuals seen in many countries--trends such as mainstreaming, the handicapper consumer movement, and deinstitutionalization. Since these are international phenomena, development, research, and evaluation should be carried out in an international framework. If one succeeds in pooling financial and technical (including human) resources from different countries, it should create more efficient efforts and help realize the ultimate goal of equal rights and equal possibilities for everybody.

The healthsports concept was created in Norway. Healthsports are rigorous physical activities designed to improve physical abilities and to foster higher levels of mental, physical, and spiritual well-being. They are used in preventive health care and in the treatment and rehabilitation of people with chronic or temporary handicaps. The healthsports concept emerged from special circumstances in Norway and has developed over the last 20 years. It has spread to many other countries over the past decade. This spreading of the concept has added new dimensions to the concept and helped make it more comprehensive. It has also helped to define the concept and its relevance to current trends in related fields.

It is helpful to define the role of healthsports in a handicapper's life in relation to current trends, specifically, in relation to rehabilitation, health, normalization, and leisure/recreation education.

Rehabilitation and Health

In recent years, the reference to rehabilitation as "vocational rehabilitation" has decreased. The emphasis has changed to include comprehensive measures that assist disabled persons to achieve their highest possible level of functioning and to integrate within society, regardless of their feasibility for future employment.

It is obvious that health, defined as physical, psychological, and social well-being, is closely related to rehabilitation; in fact, it

is the goal of rehabilitation. There are many measures needed to reach this goal for each individual, and the composition of measures differs, because each person's needs are different. Building rehabilitation upon the individual's needs has become a guideline in recent years. Unfortunately, the needs that can be met by traditional rehabilitation professionals are limited.

The importance of lifestyle is being recognized as the main factor in determining the health of the disabled and able-bodied alike. Lifestyle refers to all activities affecting health that are under the control of the person. In other words, the person is the boss (3).

The skills acquired through healthsports are a means to obtaining a healthier lifestyle. Closely connected to the healthsports activities and exercises are the topics of health skills, medical self-care, and social and emotional maturity. This comprehensive healthsports concept has been shown to have a significant influence on participants' lives, especially in their integration into the mainstream of society in both work and leisure.

Johan K. Stanghelle, M.D., (6) of the Beitostolen Healthsport Center in Norway, has written two case histories that illustrate the impact of the healthsport concept:

1. A 15-year-old boy with cystic fibrosis from early childhood participated last year in a two-week program. He had lots of hospital stays behind him, and exercise/training tests showed that he was in poor condition. Through different activities he became very excited to see his hidden abilities. He improved endurance and strength in two weeks only, got a local contact, and continued training at home almost on a daily basis with bicycling, swimming, and table tennis.

   The parents told us that they "had got a new boy." When he attended our center one year later, he was a happy and active boy. During the year, he had attended the school every day with excellent results. Hospital stays had not been necessary, and the tests were better even though the disease is progressive. Due to the stay at our healthsports center he will probably live for many more days.

2. A 25-year-old man lost his eyesight totally due to sarcoidosis. He was then studying mathematics and was an active runner. One year later he attended Beitostolen Healthsport Center (BHSS). He had been through a very hard time trying to rehabilitate

> himself to his new life situation - the disease seemed to stabilize. He went to BHSS to learn different adapted sport activities and started to train again; he especially liked running and cross country skiing. In four weeks, he regained a high physical fitness; he was inspired to continue the training and got local contacts. He told me that the regular training has helped him to a better mobilization and adaptation needed for studying mathematics on the highest level.

The positive correlation between physical activity and health has often been claimed but often without a scientific rationale. Recently, a number of articles have been published that deal with this positive correlation (4, 9, 16). For instance, one of the most comprehensive documentations of the relationship between physical activity and health was published by the Norwegian Medical Association (6).

Cross (4) discussed the influence of physical fitness training as a rehabilitation tool in an article in which he did a programmatic and methodological analysis of ten different articles in the field. The ten articles were published between 1973 and 1978 and were all empirical studies of the effects of physical fitness training on disabled clients. These articles were selected from a very extensive literature search, which was an attempt to locate the most current empirical studies available concerning the topic of physical fitness and rehabilitation. His conclusion is that exercise training appears potentially useful as a rehabilitation goal, but he recommends further empirical investigations using strong methodology design.

Normalization

Wolfensberger (18) defined normalization as using the most culturally normative means possible to establish and/or maintain personal behavior and characteristics that are as culturally normative as possible. He also refers to deviance as something that is significantly different from others in an aspect that is considered of relative importance, and this difference is negatively valued.

Erling Stordahl, director of BHSS, has cautioned, "To do something normal is more a reflection of doing something common (usual), than it is to do something correct (right)" (oral source). In many ways, our society can be said to be sick, and the "normal sicknesses" are often not desirable ones. The concept of normalization must, therefore, be evaluated against certain other values in life.

Moreover, rehabilitation is not the sole concern of people with disabilities. We are all handicapped in one way or another, more or less, at different stages of our lives. We all have to fight against

the destructive factors in society. We all need rehabilitation, and we need it 52 weeks a year. Understanding this gives us a struggle to share, regardless of labels like able-bodied, normal, disabled, or handicapped. There are differences in degrees of abilities but not sharp distinctions.

But, since we are here dealing with people society has traditionally labelled as handicapped, there is the question of whether or not healthsports can be a tool for increased normalization. The answer is dependent not only upon the activity itself but also upon the way the activity is provided.

In examining some leisure programs for handicapped persons, Reynolds (15) suggested that, "variables of special interest to practitioners of leisure education curricula might include the interactive effects on the acceptance of handicapped participants by their peers of age, sex, type of disability, play environment, size and composition of the play group cohort, type and characteristics of play materials, and functional level of the participant" (p. 3).

The question of generalization or transfer of learning must also be seriously addressed by all the people involved in the active-leisure, skill-learning process. Hutchison and Lord (10) suggest the following means to maximize the transferability of skill-development programs:

a. Programs should be made meaningful and relevant for participants by providing a variety of skill-specific and age-appropriate activities from which to choose.

b. Situations including tasks, group composition, and physical settings in special programs should resemble integrated environments.

c. An emphasis should be placed on developing a variety of generalizable competencies.

d. Play should be included with training in each session.

e. Developmental programming should be employed that places emphasis on individualized teaching, the observation of strengths and weaknesses of the learner, and sequential teaching.

f. Self-confidence should be instilled in the learner through progressive successes in training.

Healthsports, Leisure, and Work

Leisure activities and leisure education are becoming increasingly important. Calculations show that the average American now

has more leisure than working hours per year, i.e., 2175 leisure hours versus 1960 hours of paid work (11). There is a growing tendency in many societies toward less hours of work per day and increased numbers of vacation days.

Impairments, functional loss, and social barriers are some causes for limited exposure to participation in leisure experiences. The majority of people who experience these conditions have an even greater abundance of free time than the average American (12).

Statistics based on 1970 United States census data show that 56 percent of noninstitutionalized persons defined as disabled are unemployed--this means approximately 7 million people. Aside from life-sustaining activities, their lives are totally encompassed by free time. Because of low employment rates, the disabled are more likely to find self-actualization and fulfillment in life through their leisure time (1).

A.B.C. Knudson, former president of the American Medical Association, has stated:

> Recreation under any circumstances is a need, a need for human growth, development and behavior. A need for total fitness. This need does not diminish when a person enters a hospital. In fact, it often increases and almost always become more complex. (14, p. 4)

"Play" is a term that is important for understanding the nature of recreation. There are lots of theories about why play occurs, why people play. All are concerned with elements in the nature of human beings that lead them to occupy time playing (7). One of the most modern play theories, espoused by Michael Ellis, argues that play is an important occupation because it offers optimum opportunities for expression of arousal-seeking behavior (5). Gunn (8) believes that, more than most people, the handicapped individual needs to occupy much of the time learning to play because play elicits responses to the unknown, which offers opportunities to learn confidence and to be creative in facing novel and difficult situations.

Education is a term that is used repeatedly in connection with rehabilitation, leisure, recreation, and physical activity. Education can result from being educated by others (professionals) or from self-education. The role of the professional should be evaluated against the ability of the individual to educate himself or herself. The statement -- one of the greatest disabilities is simply not being able to do anything because you don't do anything --may unfortunately sometimes be a result of the professional's lack of understanding of the individual's own abilities and need for self-realization.

Healthsports Centers at Work

The preceding discussion about the healthsports concept and related concepts provides a context for viewing the activities of the Beitostolen Healthsport Center in Norway and some of its offspring in other countries.

Beitostolen Healthsports Center (BHSS)

BHSS was opened in 1970. It is a unique rehabilitation center for handicapped people in the age range from 7 to 75. It is not a comprehensive institution that provides a total rehabilitation program; but, through the means of healthsports, health education, and recreational and cultural activities in a socially stimulating environment, the center aims to contribute to personal development. Ideally, this development takes the form of increased knowledge of one's own resources and abilities, and increased mental and physical capacity to take part in "normal" social activities, both in leisure and in work. The handicapped are encouraged to be responsible for their own health and well-being, which often means creating a new lifestyle.

The majority of Beitostolen clients have neurologic disorders, or conditions relating to polio, ankylosing spondylitis, accidents, mental illness or blindness. The clients are involved in a number of planned activities including swimming, exercise and endurance training, horseback riding, kayaking, canoeing, and, during winter months, skiing, ice-skating, and dogsledding are included. Art, music, and crafts are part of the evening activities. Physical therapy and training are also a part of the program and include training in the performance of activities of daily living, exercise, massage, heat and ultrasound, traction, diathermy, and passive stretching. The center's program has expanded to include intensive training sessions for cardiac patients. Beitostolen medical staff have found that intensive training several times a day can shorten the convalescent period after myocardial infarction and does not seem to increase the risk of serious cardiac arrhythmias (13).

Through the thirteen years the center has existed, Beitostolen Healthsports Center has shown that a two- to five-week program with heavy emphasis on physical education in combination with cultural activities in the social climate at the center can mean a turning point for a handicapped individual and the start of a new way of living, a new lifestyle. The stay at the center has to be related to daily life, to what is manageable in the person's local community and personal environment. Follow-up has, therefore, always been part of all the programs at BHSS. The new lifestyle is not exclusively a weekend activity; it should affect behavior every day.

Since its start in 1970, research, evaluation, and education

have been integral parts of the center's function. The success of the program has placed greater demands on the center through the years. It has developed a stronger collaboration with the Norwegian College of Sport and Physical Education (NIH) in order to meet the demands in this area. Norwegian industrial leaders are currently considering a BHSS program as a possible model for an industrial healthsports program (12).

The results from BHSS have led to the construction of a new center in northern Norway (VHSS) patterned after BHSS. There are also plans to establish similar centers in other countries (Canada, Sweden,Yugoslavia, and Japan). Established institutions, school systems, and others have also shown considerable interest in including parts of the BHSS experience into their systems.

Vinland National Center

Vinland National Center in Loretto, Minnesota is a healthsports center patterned after BHSS. The thirteen years of experience from BHSS is truly valuable to Vinland, just as Vinland's experiences are important to BHSS and others as a means to further develop the healthsport concept. Vinland's outlined objectives, patterned after BHSS, are the following:

- Assist individuals with categorical physical handicaps or other disabilities to achieve an optimal level of health and to assume increased responsibility for their own health.

- Provide training in healthsports and recreation as one component in a program designed to improve fitness and build confidence.

- Conduct health programs to effect positive changes in lifestyle.

- Implement outreach programs to reinforce participants upon return to employment and the community. (17)

Vinland National Center provides education and training as a complement to and an extension of other rehabilitation services as well as serving as a research and development center. "Its primary purpose is to counteract the effects of physical inactivity as well as the psychological reaction associated with disabilities, through the potential of physical, personal, and social growth in each individual" (17, p. 2). Vinland provides a well-rounded program of physical, social, and emotional fitness, health education and health promotion. Also included is a life enhancement program with emphasis on leisure management, a professional education program for rehabilitation/recreation facilities staff and students, and a follow-up research project on clients involved in the program. Vinland also

publishes training manuals on healthsports, health promotion, and life enhancement activities with persons who have disabilities (15). Vinland receives most of its support from private foundations.

Conclusion

There is a great demand upon the staff of BHSS for information about the healthsport experience. These demands may be due to new laws and regulations, increased public awareness, and a change of attitudes towards handicappers and their abilities. BHSS has contributed to this change through innovative programs and activities. To meet the increasing demands in our own country and from other countries, it is necessary to systematize our experiences and critically evaluate existing philosophies, programs, and service delivery at the center. This can be done best in the framework of international collaboration.

References

1. Amoroso, K., Fisher, R., Pasquine, L., and Rubin, S. Leisure education: A rehabilitation necessity. In G. Fain and G. Hitzhusen (Eds.), Therapeutic recreation - state of the art. Washington, D.C.: National Recreation and Park Association, 1977.

2. BHSS: Brochures about the center (Norwegian language). Beitostolen, Norway: BHSS, n.d.

3. Brubeck, T. Lifestyle and lifespan. American Rehabilitation, 1981, 6 (3), 6-10.

4. Cross, D.L. The influence of physical fitness training as a rehabilitation tool. International Journal of Rehabilitation Research, 1980, 3(2), 163-175.

5. Ellis, M.F., Why people play. Englewood Cliffs, N.J.: Prentice Hall, 1973.

6. Fysisk adktivitet for Helse og travsel [Physical activity for health and well being]. (Special issue). Tidsskrift for Den Norske Lageforening, 1980, 12.

7. Gunn, S.L. Play as occupation: Implications for the handicapped. American Journal of Occupational Therapy, 1975, 29, (4), 222-226.

8. Gunn, S. and Peterson, C. Therapeutic recreation programs design: Principles and procedures. Englewood Cliffs, N.J.: Prentice Hall, 1978.

9. Harper, F.D. Outcomes of jogging: Implications for counseling. The Personnel and Guidance Journal, 1980, 57 (2), 74-78.

10. Hutchison, P., & Lord, J. Recreation integration: Issues and alternatives in leisure services and community involvement. Ottawa, Canada: Leisurability Publications, Inc., 1979.

11. Kraus, R. Recreation and leisure in modern society. New York: Appleton-Century-Crafts, 1971.

12. Mundy, J. Keynote address read before the Second Annual National Leisure Education Conference, New York, NY, February 12, 1976.

13. Reed, G. Beitostolen: Shangri-la for the handicapped The Physician and Sports Medicine, 1978, 6 147-150.

14. Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers, George Washington University. Focus on research: Recreation for disabled individuals, Washington, D.C.: Author, 1980.

15. Reynolds, P. Normalization: A guide to leisure skills programming for handicapped individuals. In P. Wehman & S. Schleien (Eds.), Leisure programs for handicapped persons: Adaptations, techniques and curriculum. Baltimore: University Park Press, 1981.

16. Schlenoff, D. The role of a therapeutic running program in rehabilitation. Rehabilitation Literature, 1980, 41, (3-4), 76-77.

17. Vinland skiathon. A flier. Minneapolis, MN: Healthsports, Inc., 1981.

18. Wolfensberger, W. Normalization - The principle of normalization in human services. Toronto, Canada: National Institute on Mental Retardation, 1972.

Sports and Recreation: Studies and Programs from Other Countries

Marianne Maynard
University Center for International Rehabilitation
Michigan State University

Many people turn to sports activities either as participants or observers during their free time. There are people with functional limitations who still participate in sporting activities with little or no special equipment. There are others who would like to participate but find that attitudinal, social, and architectural barriers prohibit their involvement. Many disabled people in schools and other programs have been encouraged to form their own sport teams (wheelchair racing, basketball, volleyball, etc.) for enjoyment and socializing. Out of these activities has come an interest in promoting sports for the disabled for conditioning, fitness, and competition. Sports is the most visible leisure-time activity attracting the attention of the general public, as well as supporters and promoters. The excitement and public appeal of sports has been successful in facilitating the social reintegration of disabled people into community life.

Supportive Studies

There is an increasing body of literature on the benefits of sports and recreation for the disabled. A few of these studies are sighted as examples of the research in this area.

Israel

The Physical Medicine Department, University of Tel Aviv Medical School, Israel, undertook to study the "Influence of Sport Activities on Rehabilitation of Paralytic Subjects" (14). The study was funded by the Vocational Rehabilitation Administration, U.S. Health, Education and Welfare. The study focused on two groups of adolescents aged 15-22 years. One group had paralysis of the lower limbs resulting from cerebral palsy. The other group had flaccid non-progressive paralysis such as occurs in post-poliomyelitis paraplegia.

The objective of the study was to find out if a regular program of sports could improve walking. It was thought that regular physical exercises and adapted sport activities might delay possible deterioration. A twice weekly, two-hour supervised training was conducted with each of the two groups. The sports activities used were table tennis, adapted bowling, target throwing, wheelchair basketball, and shuffle board, along with swimming and aquatics. The results showed that a program of conditioning using sports and physical activities can give handicapped walkers more agility. This is manifested in an increased range of walking speed .

Finland

In Finland, the development of physical education and sports for the handicapped began in the 1970s. An experimental research project on physical education and sports activities for the handicapped and other special groups was conducted in three municipalities in different parts of Finland between 1977-1979. The aim was to examine the possibilities for improving the general sports services so that disabled, chronically ill, and aging persons could participate. The project was financed by the Finnish Sports Bureau of the Ministry of Education, the National Board of Health, the National Board of Social Welfare, and the Social Insurance Institution. The project resulted in the following recommendations:

> That physical education for the handicapped should be developed in the future not only within the actual sports administration and organizations, but also in cooperation with municipal authorities dealing with education, health care, social welfare, and construction. Rehabilitation should include adult education institutes and the voluntary organizations as central agents in this development. (7, p. 3)

United States

An analysis of research on recreation for disabled persons in the U.S. was made by Fred Martin at the 1974 annual convention of the American Association (Alliance) for Health, Physical Education and Recreation (11). His content analysis of 210 citations between 1965 and 1973 revealed the following research focus:

On Populations:	That 29% of the studies focus on children, 18% on youth, 19% on adults, 10% on aged, 6% on families, and 13% on specific agencies.
On Methods:	That 49% of the studies were surveys, 33% were experimental, 12% were case studies and 19% were historical analyses.
On Settings:	That 19% were conducted in hospitals, 12% in camping situations, 24% in schools, 11% in rehabilitation centers, and 25% in community agencies.
On Special Groups:	That 10% of the studies involved the aged population, 13% the mentally ill, 25% the socially deviant.

Norway

At the Beitostolen Helsesportsenter in Norway, a study of patients with ankylosing spondylitis found that after a four-week training program (4-5 hours daily) improvements were made in thorax excursion, spinal mobility, and increased working capacity. The activities consisted of swimming, gymnastics, horseback riding, cross-country skiing, hiking, volleyball, and other sports (4).

Future Trends

There are numerous national and international studies on the benefits of physical education, sports, and recreation for both nondisabled and disabled children cited in the literature. Only recently has there been an increased interest in studying the benefits of sports and recreation on adult disabled populations.

The increased popularity of sports, fitness, and other leisure activities is stimulating more surveys in the U.S. and other countries. Rehabilitation programs, healthsports and fitness centers, universities, leisure industries, and insurance companies are engaging in research and special studies to predict trends, survey interests and participation levels, promote health and fitness, or examine functional capabilities. Also noted are increasing numbers of studies on classification systems for disabled participants in competitive sports. Several of these studies are highlighted next.

Competitive Sports Classification Studies

Countries such as England, Norway, Denmark, and Canada have produced studies on classification systems for competitive sports for disabled participants. The purpose of these classifications is to allow fair competition among competitors with various disabilities.

A new classification system for participants with cerebral palsy was reported by MacGregor (10) of England. The system recognizes that cerebral palsy is an upper motor neuron lesion and measures the functional level of muscular control of an athlete in a way that will allow for competition against those with similar degrees of disability. The functional profiles include: Class 1 quadraplegic (wheelchair) - normally uses an electric wheelchair; Class 2 quadraplegic (wheelchair) - normally propels wheelchair with legs; Class 3 weak quadraplegic or triplegic (wheelchair) - uses wheelchair with one or two arms slowly; Class 4 diplegic (wheelchair) - uses wheelchairs for normal daily activities and sports events; Class 5 diplegic or moderate/severe hemiplegic (ambulant) - may or may not use walking aids, i.e., cane(s) or crutch(es); Class 6 quadriplegic athetoid (ambulant); Class 7 moderate to minimal hemiplegic or moderate to minimal quadriplegic (ambulant); and

Class 8 minimal handicap (ambulant). Each class has its own description of functional profiles (10).

Natvig (13) of Norway proposed a classification system for athletes with locomotor and other related disabilities. Such a classification system must consider both the disabled person and the type of sport the person takes part in. Natvig proposes that the system should be simple and done in cooperation with instructors/-coaches representing a particular sport. He prefers to first consider the sporting event and secondly the disability in order to develop a functional classification.

Biering-Sorenson (1) of Denmark reported on medical classification systems for paralysed and amputee sports participants. He states that the latest classification system for competitive sports by the paralyzed has been written by Dr. Cairbre McCann (USA) in 1977 after thorough review by the medical sub-committee of the International Stoke Mandeville Games Federation. The system is based on neurological findings in which residual musculature and sensation of the competitor is determined.

Sports Emphases in Other Countries

Stoke Mandeville Games

Sir Ludwig Guttmann, M.D., director of the Stoke Mandeville Sports Stadium for the Paralyzed and Other Disabled in the United Kingdom, pioneered a worldwide movement of sports for the disabled. During World War II, Dr. Guttmann introduced sports into the medical treatment of men and women with spinal injuries that resulted in paralysis from the waist or chest downwards. He found that sports were an important component of treatment for the disabled, improving physical condition and eliminating boredom during their hospitalization. Dr. Guttmann founded the Stoke Mandeville Games in 1948 with 16 paralyzed ex-service men and women participating in archery competitions. From this beginning, the yearly games grew to include other sport events, such as basketball, swimming, fencing, field events, table tennis, weightlifting, and others. Today these games are an annual international sports festival and considered the Olympics among the disabled. The games are usually held in the United Kingdom, except for every fourth year when they are held in another country, frequently the same country as the Olympic Games (5).

The Stoke Mandeville Games were formally recognized by the International Olympic Committee in 1956, although not officially part of the Olympics. The number of participants has steadily increased from 400 in 1960 to well over 1,000 by 1972. The games were held in Rome in 1960, in Tokyo in 1964, in Israel in 1965, and in Heidelberg in 1972.

Other international competitions have also been established. The year 1967 witnessed the first Pan American Paraplegic Games, and in 1976 the first Olympiad for the Physically Disabled (including blind, paralyzed and amputee athletes) was held in Toronto, Canada with more than 1,500 athletes from 38 countries (6).

Sweden's Emphasis

The aim of sports for the disabled in Sweden is to provide physical training as a means to physical and psychological rehabilitation, as well as to provide an option for leisure activities. The Swedish Sports Federation has the task of serving, developing, and supporting all sports organizations including the Swedish Sports Association for the Disabled, which runs recreational, competitive, and elite activities in 25 competitive sports. The Association has 300 local associations and 3,500 members, and it has made recommendations on ways in which grounds and facilities should be adapted for various physical handicaps (8).

The sports organizations in Sweden were able to agree on definitions for the various types of sports in order to differentiate their aims (9).

> Recreational sports are what one does for personal well-being, rarely to make measurable performance.
>
> Trim sports are what one does for personal well-being to keep fit and where aims for performance are primarily related to earlier personal results.
>
> Competitive sports are what one does to make a better performance at a certain moment than someone else.
>
> Elite sports are a part of competitive sports, consisting of national and international championships and/or games.
>
> Professional sports are competitive sports one does to earn money. (p. 1)

These definitions can be extremely helpful in aiding disabled persons to select those sport activities that best meet their individual needs.

Sport-for-All Concept and Programs

The term "sport for all" has received much attention in European countries. This term was first adopted by the Council of Europe in 1966. The concept of sport for all includes not only sports proper but also various forms of physical activity such as spontaneous, unorganized games or physical exercise. The sport-for-all

campaigns are sponsored or supported by governments in over 30 countries, such as Sweden, Denmark, the Netherlands, Japan, West Germany, the United Kingdom, U.S., Finland, Australia, New Zealand, Spain, and Brazil.

UNESCO became more active in encouraging sport for all after 1975. McIntosh (12) reported that better health is the overriding aim of most sport-for-all campaigns in most countries. The Council of Europe in its "Sport for All" Charter suggested four subdivisions or classifications of sport activities under this heading: competitive games and sports, outdoor pursuits, aesthetic movement, and conditioning activity. McIntosh's survey of 34 countries found that Sport-for-All projects differ in each country. For example, in China and Switzerland, the emphasis is on gymnastics. In China, young people, adults, and the elderly all engage in gymnastics in public parks and sidewalks. The gymnastics are based upon "whu shu" and "tai-chi", which are derived from traditional combat sports. In Switzerland, "Turner fur jedermann" (gymnastics for all) is a keep-fit program for men and women. The one-hour training program with a musical background is conducted at numerous centers in many cities.

In Australia, the "Life--Be In It" program aim is to involve a lot of people in doing a little rather than a few doing a lot (12). The three types of activities they promote are 1) "Get-Moving" activities, which require no special facilities, equipment, or organization, and focus on discovering the local area by walking, bike riding, and outdoor fun; 2) "Where-You're-At" activities, which are promoted in places where people tend to congregate naturally (parks, beaches, picnic areas) and which consist of modified games and playing with fun equipment; and 3) "Learn-To" activities which provide opportunities for people to receive tuition in particular activities for beginners and to update skills and techniques. The "Life--Be In It" program is reported to have achieved a 97 percent awareness level, and the Recreation Minister's council has decided to implement the program throughout Australia.

These are just a few examples of sport-for-all programs in other countries. The McIntosh survey revealed, however, that several countries with sport-for-all programs find that disabled people could fully participate without special adaptation or equipment, but attitudinal and architectural barriers still prevent many from full participation in these programs.

Therapeutic Playgrounds and Family Education Centers

The IBM American/Far East Corporation provided Partners of the Americas with a major, three-year grant to discover, develop, and disseminate low-cost strategies, approaches, and technologies to benefit people with disabilities. The Partners Rehabilitation Education Program, with over a thousand rehabilitation-related volun-

teers, have the task of improving the quality of life of the less-abled people in the Americas (3). The focus of one project is to bring people together to enjoy recreational and social experiences. Ten therapeutic playgrounds and parent education centers are being built over a two-year period (1981-83) in cities and towns of Latin America and the Caribbean. The pilot effort will determine if the centers can be catalysts for better public education and a place for organizing self-help strategies for families. The playground and center will have the following elements: a therapeutic playground; refreshment stand and outdoor area; small stage and meeting room; library and resource room with storage area (3). Having a safe place to meet, play, and interact with others with similar concerns can be extremely beneficial and the first step for the people with special needs in these countries.

A Community Reintegration Model

Another example of a community reintegration project is the one sponsored by the Canadian Wheelchair Sports Association. The Community Reintegration Project is sponsored by the Canadian Wheelchair Sports Association, BC Division. The project has designed a model for overcoming the barriers that usually restrict physically disabled persons participation in sports and recreation programs. The theme of the model is: "Education--Action--Responsibility--Commitment--Understanding." The following excerpt (2) shows the steps for community reintegration:

1. By active choice the disabled person is referred to the project by a friend, relative or agencies.

2. The staff person in charge receives the referral and obtains basic information from the referral source. A trained volunteer is assigned to the disabled person to help identify interests and concerns.

3. The volunteer leisure friend (trained volunteer) assists the disabled person to identify areas of interest, provides information on available programs and applicability as to what the person wants to do and can do. Also determination of obstacles currently barring the person's involvement is explored.

4. The leisure friend helps the participant to decide on an action plan (what to do, how to do it, and when to do it). The goal is to get the action started.

5. The participant goes to the activity of his/her choice. The leisure friend has facilitated this by preparing the activity leader and by going with the person or getting someone with the same activity interest to attend the program. This provides the support

needed on a physical level (transportation, assistance in doing the activity) and a psychological level of having the presence of a familiar person for moral support.

6. The leisure friend becomes less of an initiator and more of a problem solver in helping the participant to become independent in decision making.

7. At the end of six months the disabled person should be able to continue in activities through own initiative and support networks. A follow-up visit by the leisure friend is done one month after withdrawn from service to evaluate the participants independent progress and re-stimulate or reward progress (2, p. 87-88).

The three major ingredients for the success of this project are an effective volunteer program, an effective communication network, and competent staff support for consistent coordination. The Canadian Wheelchair Sports Association, B.C. Division, has been operating this model for two years. Based on observations and conclusions from the project thus far, the staff offer the following suggestions for operating similar programs: Learn to be patient, be flexible in your timeline, treat the leisure education and support sections of the model the same as the activity, and do individual programming to meet the participants' needs (2).

Other Examples of Sports Activities

Amputees (many of them ex-servicemen) make up a large portion of the disabled persons engaged in sport activities in various countries in Europe. Whether or not to use the prosthesis in sports is left up to the person. In either case, they can be successful. Sports for amputees include javelin throwing, shot put, tennis, table tennis, squash, bowling, volleyball, basketball, darts, fencing, high jump, golf, mountaineering, swimming, etc. For example, the one-armed golfers in the United Kingdom have formed the British Society of One-Armed Golfers (5).

Swimming and horse-riding have proven most useful for those with cerebral palsy. In recent years, associations for and of handicapped individuals have become quite interested in the development of sports activities. In the United Kingdom, the Spastics Society holds annual sports meetings for its constituency. In 1972 an International Cerebral Palsy Association was founded and since then has sponsored two international sports events (5).

A number of international sports organizations for the severely disabled emerged after World War II such as the British Sports Association for the Disabled (BSAD) and the International

Sports Organization for the Multi-disabled (ISOD), the International Stoke Mandeville Games Foundation (ISMFG) mentioned earlier, the Canadian Wheelchair Sports Association, and the National Association of Sports for Cerebral Palsy.

Conclusion

The therapeutic benefit of sports is represented in its natural form by remedial exercise to complement conventional methods of physiotherapy. Participation in sports can assist in restoring the disabled person's strength, coordination, speed, and endurance. The recreational and psychological values of sports participation are well known in providing relief from the boredom and frustration of work or nonwork. Sporting activities can prevent the disabled from withdrawing into their disability and also assist individuals in developing self-discipline, self-respect, competitive spirit, and comradeship. In general, sports serve as a means of re-integrating into community life (5).

In conclusion, we have observed an increasing number of special sports and recreational events for the disabled, both national and international. Studies attest to the fact that such programs enhance self-esteem, develop skills, improve fitness, and provide avenues for social reintegration of disabled people into community life. The joys of participation, the rewards of winning, and the feelings of satisfaction in accomplishment are some of the many benefits of sports and recreation for the person with a disability.

References

1. Biering-Sorensen, F. Classification of paralysed sportsmen. In H. Natvig (Ed.). The first international medical congress on sports for the disabled. Oslo, Norway: Royal Ministry of Church and Education, State Office of Youth and Sports, 1980.

2. Cherenko, D. Community reintegration: A leisure model of Canadian Wheelchair Sports Association, B.C. Division. Recreation Guide. Special Issue, 1981, 86-91.

3. Dixon, G. Therapeutic playground and family education centers. In N.D. Arnold (Ed.), Proceedings and papers: The second world conference of experts on leadership and leisure. New York: World Leisure and Recreation Association, 1980.

4. Gunnar, B.P. Physical activity in rehabilitation of young patients with rheumatic affections [sic]. In H. Natvig (Ed.), The first international medical congress on sports for the disabled. Oslo, Norway: Royal Ministry of Church and Education, State Office of Youth and Sports, 1980.

5. Guttmann, L. Sport for the physically handicapped. Paris: UNESCO, 1976.

6. Jackson, R.W., and Fredrickson, A. Sports for the physically disabled. In A. Spiegel, S. Podair, and E. Fiorito (Eds.), Rehabilitating people with disabilities into the mainstream of society. Park Ridge, New Jersey: Noyes Medical Publications, 1981.

7. Koivimaki, K., and Vartia, R. The development of physical education and sports for the handicapped in Finland. Paper presented at the International Symposium on Physical Education and Sports Programs for the Physically Handicapped. Washington, D.C., November 1982.

8. Lewander, A. and Miller, S. Current Sweden: The disabled in Sweden--Handicaps and recreation (No. 278). Stockholm, Sweden: Swedish Institute, 1982.

9. Lindstrom, H. Basic principles in sports for the handicapped. IRCU Briefings, 1981, 6(3), p. 1.

10. MacGregor, D. Classification system for cerebral palsy competitive sports. In N.D. Arnold (Ed.). Proceedings and papers: The second world conference of experts on leadership and leisure. New York: World Leisure and Recreation Association, 1980.

11. Martin, F. Therapeutic recreation research and the recreation

practitioner. Paper presented at the Annual Convention of the American Association for Health, Physical Education and Recreation, Anaheim, California, 1974.

12. McIntosh, P. Sport for all programmes throughout the world. A report prepared for the International Council of Sport Physical Education for submission to UNESCO, November 1980, ICSPE/UNESCO Contract No. 207604.

13. Natvig, H. Proposal for classification of athletes with "other locomotor disabilities." In H. Natvig (Ed.). The first international medical congress on sports for the disabled. Oslo, Norway: Royal Ministry of Church and Education, State Office of Youth and Sports, 1980.

14. Spira, R. Sport activities in severe motor paralysis in adolescents: Their therapeutic and preventive value. In H. Natvig (Ed.), The first international medical congress on sports for the disabled. Oslo, Norway: Royal Ministry of Church and Education, State Office of Youth and Sports, 1980.

Reflections on the Pursuit of Leisure: A Consumer Viewpoint

Pamela Treece
Owen-Corning Fiberglas Corporation

For me, leisure time is a time for creation and recreation. It is a time to challenge myself and use my imagination. It's beyond the daily routines. It's taking away the boundaries.

I guess I have what I would call leisure activities and those I would consider more recreational, though it is difficult to draw a distinction between the two.

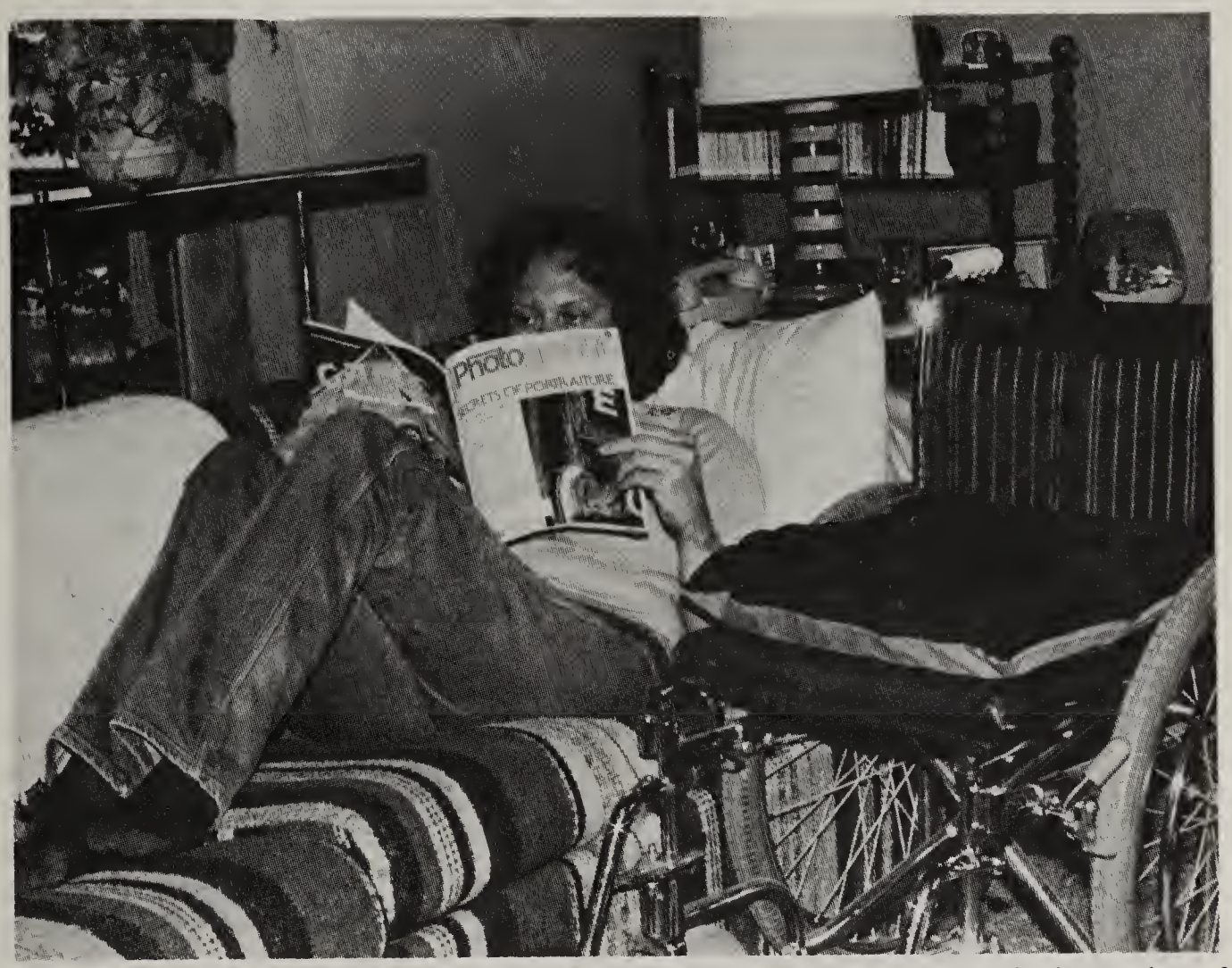
After becoming a paraplegic, I found I had to relearn everything I did. And it was an exciting experience to realize what a versatile creature I really am. So, I began to allow myself to experiment with things I hadn't done before. I became involved with photography and found what a creative art form it is. Later, I learned to do leaded glass, first making small pieces from someone else's design. But, the most freeing sensation was when I experimented with creating my own designs, one of which won an honorable mention at an art exhibit.

As for recreation, once I had gotten past feeling that I was some glass figurine that would break if touched, I began playing wheelchair basketball (and believe me, in that you get much more than touched). That has been an incredible experience. It was the first time I found myself physically challenged to the limit, and it was great, not to mention the thrill of finding a real competitive outlet.

So, yes, leisure is important to me, and I feel it is important for everyone. We must teach people to make better use of their leisure, for we seem to be in a society that will continue to experience greater amounts of nonwork time.

3. APPLICATIONS TO PRACTICE

Disabled persons involved in independent living rehabilitation can gain much from personal recreation as they learn to compensate for limitations of function. (Wright, 1980)



The first paper in this section focuses on a discussion of the role of therapeutic recreation services in a rehabilitation treatment program and outlines the steps involved in following a client through in-patient to out-patient therapeutic recreation services.

The next paper addresses the public and private dimensions of leisure and their impact on the client's participation. An environmental mapping strategy is described as one approach independent living centers could follow in integrating clients into community leisure programs.

The third paper advocates an integrative work-leisure career model. The author shares her personal experience in using leisure pursuits to help a student gain success in her career choice.

The section concludes with a consumer perspective on leisure. The author, as a manager of an independent living center, shares his views on the managing of free time with examples from his own life and work.

A Comprehensive Therapeutic Recreation Service in Rehabilitation

Richard Dale Paulsen
Park and Recreation Resource Department
Michigan State University

Rehabilitation has been defined by the International Labor Office as, "The restoration of handicapped persons to the fullest physical, mental, social, vocational, and economic usefulness of which they are capable" (2, p. 1). This high standard is supported by Kottke, Stillwell, and Lehmann in their description of the goal of rehabilitation, "...to restore patients to a level of independent living so that at the end of the rehabilitation program they have adequate training and understanding to use available resources to maintain their functional levels throughout life" (3, p. xvii). Wright (5) advises that such a global view represents rehabilitation in its ideal form. He also suggests a practical view: "...rehabilitation is the provision of any kind of service provided individuals to correct, avoid, or compensate for their handicapping problems" (6, p. 8).

To develop a client's functional abilities is not enough. A comprehensive rehabilitation program must, additionally, assist the person in adjusting to his/her disability and concomitant changes (in lifestyle, personal relationships, vocation, avocations, and community involvements). To this end, attention must be given to the discrepancy between the practical provision of rehabilitation services and the ideal goal of rehabilitation if services are to continue to improve. A rehabilitation service that has heretofore been underutilized and that has the potential for making significant contributions in attaining the ideal goal of rehabilitation is therapeutic recreation.

Rehabilitation Services - The Team Approach

In order to realistically address the goal of rehabilitation, a variety of specialized services must be provided. Each special service is included in the rehabilitation program to achieve a specific rehabilitative purpose. Through cooperative effort, the treatment team, composed of practitioners of the various specialized services, addresses the problems and needs of each client.

Wright (5) has described an interdisciplinary rehabilitation treatment team that can effectively address each client's needs (Table 1). The degree of active involvement of a specific specialized service is determined by the rehabilitation needs of a particular client at a particular point during his/her rehabilitation program. The purpose of each of the team members is, basically, to address functional capabilities (including replacement technology) and/or to instruct the client in personal maintenance skills. Of all the

services, therapeutic recreation transcends the clinical setting in serving its rehabilitative purpose.

TABLE I

Rehabilitation Treatment Team

Team Member	Responsibility
Physiatrist	Design the client's comprehensive treatment plan
Rehabilitation Nurse	Provide nursing care in the clinical setting addressing physical and emotional complications of hospitalization.
Physical Therapist	Develop a program utlizing exercizes and apparatus for strength development, muscle re-education, and improved range of motion.
Adaptive Physical Education	Provide exercises and physical activity.
Occupational Therapist	Assist the client in developing or maintaining his/her functional capacities necessary for daily living activities and occupational roles.
Recreation Therapist	Assist the client to attain self-sufficiency and adjustment to the community environment (reinforce other treatment goals and hospital adjustment).
Paramedical Disciplines	Create artificial body parts or instruct patient in the use of other technology to replace or restore bodily function.
Home Economist	Assist the client in managing home management activities (housework, cooking, clothing, interior design, etc.)
Speech Pathologist and Audiologist	Provide services (diagnostic and rehabilitative to the speech and hearing impaired.
Social Worker	Casework focusing on medically related problems relative to personal and family adjustment.
Chaplain	Attend to the spiritual and religious needs of the client.

Therapeutic Recreation Service

Authors describing therapeutic recreation services within the context of rehabilitation treatment consider the service to be a diversional activity (3) and a segment of rehabilitation treatment and independent living programming (5). Consideration is not given to comprehensive application of a therapeutic recreation service. Therapeutic recreation services can make significant contributions to the rehabilitation of the individual client, including: (a) educating for the beneficial management and use of discretionary time, (b) assisting in developing skills necessary for involvement in leisure/recreation activities, and (c) providing opportunities and developing skills necessary for community integration (including social adjustment). Additionally, a therapeutic recreation service supports the other rehabilitation treatment services by: (a) providing diversional activities that aid in adjusting the client to the hospital environment, (b) complementing and applying newly learned skills in recreational activities, (c) aiding in the patient's adjustment to his/her disability by testing personal limits in recreational activities, and (d) promoting preventative rehabilitation through active involvement. These contributions are the result of a consistent and comprehensive involvement with the patient throughout the rehabilitative process. The elements of a comprehensive therapeutic recreation service are delineated in Table 2.

Comprehensive Therapeutic Recreation Service

Traditional rehabilitation service pays close attention to the development of the client's functional capabilities and adaptations relative to daily living skills and vocational skills. A comprehensive rehabilitation program must also assist the client in adjusting to his/her discretionary time. Appropriate management of discretionary time enhances the client's creative expression, self-concept, social interaction skills, and community involvement.

A comprehensive therapeutic recreation program emphasizes education of the client in the effective management of discretionary time. Effective use of discretionary time assumes optimal personal expression, social interaction, and involvement in community life. This educational approach has been labeled leisure education and is described by Gunn and Peterson (1) as consisting of four constituent elements:

1. Development of personal values and attitudes about leisure.
2. Development of interpersonal interaction skills.
3. Development of appropriate leisure/recreational activity skills.
4. Development of the knowledge and skills necessary to locate and use leisure/recreational opportunities.

The comprehensive therapeutic recreation service is comprised of three components: (1) in-patient treatment, (2) out-patient community integration, and (3) client follow-up. Therapeutic recreation services span the total rehabilitation program of the client from admission, to discharge from out-patient rehabilitation services, and beyond. To illustrate each of these components, we will construct a sample therapeutic recreation program.

TABLE 2

Comprehensive Therapeutic Recreation Services

Therapeutic Recreation Service Organization - Leisure Education

Development of awareness of personal values and attitudes about leisure.

Development of interpersonal interaction skills.

Development of appropriate leisure activity skills.

Development of skills to locate leisure/recreation opportunities.

1. In-patient treatment component
   - 1.1 Assessment
   - 1.2 Development of individualized treatment plan
   - 1.3 Activity involvement hierarchy
     - 1.3.1 Activities conducted in client units
     - 1.3.2 Activities conducted off of client units at centralized facilities
     - 1.3.3 Simulated community activities done in the hospital setting
     - 1.3.4 Out-trip (spectator)
     - 1.3.5 Out-trip (participant)
     - 1.3.6 Community resource exploration
     - 1.3.7 Discharge plan

2. Out-patient community integration
   - 2.1 Specialized programs in special settings
   - 2.2 Specialized programs conducted in the community
   - 2.3 Transitional program in the community
   - 2.4 Community-based specialized program
   - 2.5 Community-based regular program
   - 2.6 Independent participation

3. Client follow-up (regular intervals)

In-patient Treatment

The therapeutic recreation service, in conjunction with the other services comprising the treatment team, begins the process of addressing the needs of the client. A therapeutic recreation

specialist (TRS) will focus attention on the initiation of a leisure education program and support of the other rehabilitation treatment services.

Assessment. The process begins with an assessment of the client's pre-morbid leisure lifestyle. Relevant topics to be pursued include: (a) leisure awareness, attitudes, and values, (b) leisure involvement, interests, and abilities, and (c) interpersonal and community involvement. Specific information is obtained directly from the client using interview and/or pencil and paper inventory techniques, previously acquired clinical records, and clinical observations.

Let us assume a client, John, who is a 21-year-old male diagnosed as a T-5 paraplegic. From the assessment, the TRS has determined that John views leisure as outdoor recreation activity. His pre-injury interests and involvements included fishing, hunting, snowmobiling, and boating. He also indicated that he watched television, listened to music, and played cards. John enjoyed a normal social life formed around his outdoor recreation pursuits. He expressed concern for his ability to participate in the same activities after discharge. Although John's social skills were well developed, he was afraid that his social life would change.

Development of the Individualized Treatment Plan (ITP). Based upon the information obtained from the initial assessment, an individualized treatment plan is developed. Attention is given to the client's preexisting and current barriers to the effective use of discretionary time, as well as his/her future needs and wants. Treatment goals are developed with the client to address specific elements of the client's leisure education. John's individualized treatment plan focused on three areas:

1. Development of personal values and attitudes about leisure.

    1.1 To become aware of the variety of leisure/recreational opportunities that exist.
    1.2 To identify the significance of leisure/recreational activity for individuals with a disability, as well as the general public.
    1.3 To identify his personal attitude toward leisure/recreational involvements.

2. Development of appropriate leisure/recreational activity skills.

    2.1 To identify leisure/recreational activities that will satisfy his needs and interests.
    2.2 To initiate the development of skills necessary to participate in leisure/recreational activities of choice.

3. Development of knowledge and skills necessary to locate and use leisure/recreational opportunities.

    3.1 To identify sources of leisure/recreational activity information.
    3.2 To develop the ability to plan for involvement in a leisure/recreational activity.
    3.3 To understand the various physical, psychological, and social barriers to participation in leisure/recreational activities.
    3.4 To begin to overcome barriers to leisure/recreational activity participation.

Activity involvement hierarchy. The TRS prescribes activities to achieve the various treatment goals and objectives. The process of activity involvement begins with activities provided in the client's room or treatment unit progressing to participation in activities off the hospital grounds. Progress through the hierarchy of activity offerings is directed at increasing the client's independence and adjustment to disability, developing his or her leisure/recreational skills and an appreciation for the value of leisure/recreational involvement, establishing or reaffirming his or her social competence, and reducing reliance on treatment staff (4). During the latter stages of activity involvement, the client participates in the selection of activities, therein developing an awareness of leisure/recreational resources available in the community. Prior to discharge from in-patient treatment, the therapeutic recreation specialist (TRS), in conjunction with the client, develops a discharge plan. Activity involvement and resource utilization by the client during the out-patient community integration phase is outlined in the discharge plan.

John's goals may be addressed through a variety of activities associated with the activity involvement hierarchy. Goals 1.1 through 1.3 could be met through individual or small group discussions led by the TRS either on or off the patient units. Goals 2.1 and 2.2 could be addressed through small- and large-group activities in centralized facilities and out-trips. The various types of activities that John might select include dramatics, wheelchair basketball, music appreciation, camping, horticulture, and restaurant dining. Goals 3.1 and 3.2 could be approached through individual or small group planning of out-trips. Goals 3.3 and 3.4 could be attained through participation in out-trips that are consistent with John's activities of choice.

Successful completion of the goals associated with the focal elements of John's ITP during in-patient treatment enable further development of those elements during out-patient treatment. The discharge plan would include the development of new goals that direct John toward greater independence. For example:

1. Development of personal values and attitudes about leisure.

    1.1 To develop a personal leisure/recreation activity participation philosophy.

2. Development of appropriate leisure/recreational activity skills.

    2.1 To continue to identify leisure/recreational activities that will satisfy his needs and interests.
    2.2 To continue developing skills necessary to participate in leisure/recreational activities of choice.
    2.3 To participate on a regular basis in leisure/recreational activities offered in the community.

3. Development of knowledge and skills necessary in leisure-recreational opportunities.

    3.1 To overcome barriers to participation in leisure/recreational activities.

Out-Patient Community Integration

In an effort to normalize the client's life, a progressive involvement in leisure/recreational activities is pursued through the most appropriate and least restrictive program setting. The client may participate in specialized programs in special settings, which may include the rehabilitation facility. Ultimately, the client develops the necessary skills and social confidence to independently select desired leisure/recreational activities available in the community.

Throughout the out-patient phase, the client and the therapeutic recreation specialist address leisure attitudes and values as questions arise or issues present themselves in the community. The therapeutic recreation specialist facilitates the client's attainment of leisure education goals. Achievement of the client's therapeutic recreation goals signals the attainment of the overall rehabilitation program's goal.

Client Follow-up

After the termination of out-patient therapeutic recreation services, the client is contacted on a regular basis (every six months, for example) to determine if his/her integration into the community has been successfully maintained. The TRS offers assistance as appropriate. Through client follow-up, the overall success of the rehabilitation services can be evaluated.

Summary

The current utilization of a therapeutic recreation service is limited in scope and inconsistent in application. Implementation of a comprehensive therapeutic recreation service that addresses client needs through educational goals, prescriptive programming, and facilitation of community integration throughout the treatment program will enable rehabilitation services to more closely approach the ideal goal of rehabilitation: To provide clients with "...adequate training and understanding to use available resources to maintain their functional levels throughout life" (3, p. xvii).

References

1. Gunn, S., & Peterson, C. Therapeutic recreation program design: Principles and procedures. Englewood Cliffs, New Jersey: Prentice Hall, Inc., 1978.

2. International Labour Office. Basic principles of vocational rehabilitation of the disabled (2nd edition). Geneva: Author, 1973.

3. Kottke, F., Stillwell, G., & Lehmann, J. (Eds.). Krusen's handbook of physical medicine and rehabilitation (3rd edition). Philadelphia: W.B. Saunders Company, 1982.

4. Laudick, B., & McGovern, J. How to establish a community referral system. Presentation at Michigan Recreation and Park Association, Winter Conference, East Lansing, Michigan, 1983.

5. Wright, G. Total rehabilitation. Boston: Little, Brown and Company, 1980.

The Dimensions of Leisure in Independent Living Rehabilitation Services

Marianne Maynard
University Center for International Rehabilitation
Michigan State University

There can be many beneficial outcomes to the community as a whole when agencies provide leisure opportunities and services. Some of the expected benefits of such programs are justified in the budgeting process. However, there may be unexpected benefits to the constituency not accounted for in the planning process, such as a reduced juvenile crime rate in neighborhoods where playgrounds are built, or citizens' self-initiated demand for better lighting and curb cuts for wheelchair users when a new museum is built in the vicinity.

Public and private programs can also be deterred from providing a much needed service if the service is too costly, e.g., cleaning up environmental wastes in order to make a lake safe for swimming or parks safe for picnicking. Or a public school district might find it politically advantageous to sponsor a special olympics for disabled children in its district, but be constrained by limited finances.

Limited leisure resources and community barriers as to how people use free time can reduce the range of choices and the freedom to participate. Both the restraints and the opportunities must be considered when discussing leisure in independent living rehabilitation services.

The Public Dimensions of Leisure

In most countries, government agencies have an essential and responsible role in seeing that all citizens have the resources and services necessary for constructive use of free time. Both public and private agencies can be supportive of the needs and concerns of citizens, especially disabled consumers, by promoting positive directions, setting program standards, and providing necessary services. The following examples illustrate a few ways that agencies can expand leisure opportunities for those with disabilities.

1. Plan leisure services more effectively and efficiently by researching disabled consumers' interests, needs, and attitudes towards the use of free time; their current leisure activities; and the additional services and resources they need in order to participate in leisure activities.

2. Set health, safety, and barrier-free design standards and guidelines for the use of public leisure resources and recreational facilities.

3. Inform disabled consumers through publications and the mass media about the accessibility and availability of recreational and leisure resources and services within a given community, state, and region.

4. Promote and sponsor consumer planning committees to study and recommend modification of existing recreational and leisure areas for wheelchair users and individuals with special needs.

5. Grant funds to public and private agencies and groups for the support of leisure projects and training of individuals in the area of leisure services for disabled consumers.

6. Encourage consumer groups to express their needs and concerns about leisure services and resources through public forums and civic activities.

7. Provide leisure programs, facilities, and personnel that help disabled citizens to develop skills and knowledge and to revitalize, recreate, rediscover, and renew the self. Such programs can help prepare individuals for intelligent, rational choices in their selection of community leisure activities.

8. Provide space for play and social interaction where individuals can meet and enjoy the company of others and carry out civic, cultural, and humanitarian activities.

The Private Dimensions of Leisure Pursuits

Leisure can be considered that time in which we are free to choose what we wish to do within the range of our personal abilities. Leisure can be the time for self-discovery or it can even extend to making a living at what one enjoys doing the most.

Leisure, therefore, can best be identified as time beyond that required for existence. Recreation and play concern the uses made of leisure time. In other words, play and recreation can be considered as forms of leisure experience or activity that an individual engages in for enjoyment and satisfaction. In this context, a person must take the responsibility for intelligent and rational behavior in his or her pursuits, with the obligation of respecting the rights of others, the laws of nature, and the protection of our environment. How a person regards life will affect how he or she chooses to use his/her time. There can be no freedom of choice without opportunities, nor can there be opportunities without time to take advantage of the opportunities.

Everyone has his or her own personal leisure preferences and

orientation. However, a disability may impose certain restrictions and constraints on the types of leisure pursuits a person chooses. Some disabled persons may need to consider more carefully their energy and fitness level, economic resources, amount of available unobligated time, and the location and accessibility of the activity. Others will consider whether they can perform the activity unaided or will require assistance from other persons or by way of special equipment. The amount of unobligated time available for leisure-time activities is a major consideration for most people. Our days are usually divided between meeting biological or self-management needs (eating, sleeping, toileting, dressing, etc.); meeting vocational, home management, and work or school needs (8-hour job or from 3-6 hours in school); and rest and relaxation (leisure time) (9). Those with major disabilities may find themselves spending more time in the biological and self-management area, even with attendant care. If employed, time may be taken up with getting to work and home, and pursuing home chores and self-management needs, thus leaving little time for anything else but sleep. A person may desire leisure activities but view them as a commodity that he or she can little afford.

Personal Factors in Leisure Participation

With the high costs and low earning power associated with disability, it isn't any wonder that disabled people ask: What are the costs incurred in participating in an activity for enjoyment, and what would the benefits be besides pure enjoyment? Some individuals would first consider the restrictions their impairment would impose on participation in a sports or recreation activity. Others would consider whether they have a sufficient energy level to perform in an activity, such as going to rehearsals in order to participate in their church choir. Still others would consider their low-income status and the lack of extra money to enjoy even the basic pleasures of life.

The ultimate goal of rehabilitation has been stated to be attainment of "the maximum physical and psychological adjustment of disabled persons within the limits of their impairments and to enable them to live as useful and satisfying lives as humanly possible" (7, p. 40). Has the consideration of leisure satisfaction as part of this goal been short changed? It would seem that the business of finding satisfaction in life through leisure outlets after becoming disabled is left entirely to the individual. The benefits of leisure-time pursuits are often overlooked in the rehabilitation process. Such benefits can include improvements in self-care and daily living activities; increased self-esteem and self-development; increased contributions to home and family life; increased possibilities for establishing friendships; increased potential for employment; and, of course, social re-integration or integration into community life.

One way of identifying the personal costs and benefits of leisure participation is by rating such items as: functional capacity, attitudes, capabilities, support networks, resources, and accommodations. Any limitations in these areas would be seen as costs to the person. The higher the costs, the more limitations are imposed on the person's participation. Benefits, on the other hand, are the availability of these factors to the person at minimal cost. For example, take the case of a paraplegic, female client, age 32, who has an interest in ceramics and pottery. One area of cost for participation in this activity for the client is the lack of accommodation both in accessible transportation to the art studio and in studio accessibility in the use of her wheelchair. The other area of cost is her overdependence on her parents to transport her to the studio and their overprotectiveness and fear of her community involvement. The benefits for the client are her artistic capabilities and recognized skills in ceramics and pottery. She has no limitations in her upper extremities and is very skilled in the use of her hands. She also has the time to attend classes, being employed only part time. The class fees are within her means. Although she still lives with her parents, she is hoping that her hobby will lead eventually to full-time employment either as a pottery teacher or in her own cottage industry. This will enable her eventually to purchase an automobile and move to her own apartment. Her hobby offers the opportunity to meet and make friends. It also helps her feel useful and self-fulfilled. She feels confident about her future plans, her abilities as a potter, and the benefits these activities have for her career and social life.

Another handicapped person may have more costs in time, money, and attendant help in trying to manage an inaccessible community. Others may have limited physical capacity or economic resources. Although a person may crave more opportunities for socializing and leisure participation, such desires can go unmet without the aid of a counselor to help facilitate the person's awareness of opportunities and his/her own potentialities.

Leisure Opportunities as a Part of the Services of Independent Living

"The goal of independent living rehabilitation is to provide the severely disabled person with the skills and knowledge necessary to function well enough to live independently and participate in most of the usual activities engaged in by nondisabled people" (8, p. 1). Further, an independent living (IL) program can be defined as "a nonprofit program which is controlled or substantially influenced by disabled consumers and which provides a constellation of services including attendant, reader and/or interpreter provisions or referral; peer counseling; financial and legal advocacy; housing provision or referral; and community awareness and barrier removal programs" (2, p. 458).

IL programs differ in size of staff and provision of services depending on client needs and staff skills. Over half of the independent living centers in the U.S. feel that the opportunity for leisure and social reintegration services is of importance to their clients, but few have the staff and financial resources to provide such services. Many studies have documented the needs of clients in the area of leisure guidance. Examples from two of these studies are cited below.

Client's Need for Leisure Opportunities

Daniel and Wilson (4) reported on a three-year interview survey of 148 adults with mentally and physically handicapping conditions. The respondents were from individual residences, work activity centers, and institutional settings. The survey revealed that:

> 85% of the adults lacked necessary physical skills and levels of fitness to be involved in most leisure time and recreational pursuits...15% of the adults who were fit and able to participate had little or no instruction in skills for leisure time activities...98% of the adults wanted to be involved in typical adult recreational settings...85% of the adults had never been instructed in physical and social skills necessary for participation in leisure time and recreational activities alone or in small groups...most experience had been in large group, mass activities with many participants at one time...90% had never participated in any activities except group bowling, basketball, special olympics and summer camps. (pp. 1, 8)

Another study (6) conducted by the Vocational and Rehabilitation Research Institute (VRRI) in Calgary, Alberta, Canada, explored the development and demonstration of a systematic approach to leisure training within the community using the institute's group home facilities as a base. The subjects were developmentally disabled adults age 18 to 33 years. The study investigated leisure-time needs and training strategies for the purpose of developing a series of program packages and guidelines for training in community-based residential settings. An assessment tool developed for use at the VRRI was the Leisure Functioning Assessment (LFA) tool. Training needs were identified through the use of the LFA--a 50-item checklist that identifies skills, abilities, and knowledge that an individual needs in order to manage leisure independently. It is presently being tested for reliability and validity. Other assessment instruments were used at VRRI, such as the Adaptive Functioning Indices. The recommendations of the group home supervisors were included as well. The results indicated that clients generally showed:

1. A lack of participation in creative and physical activity.

2. An inability to plan for their own leisure time and activities.

3. A lack of clear concepts of and attitudes toward leisure.

4. A lack of knowledge and skills necessary to interact with others, handle social situations, or make and maintain friendships. (6, p. 61)

The project stimulated interest in and a greater appreciation of the importance of leisure training as part of the rehabilitation process among group home staff and other allied staff at the VRRI.

These findings are similar to other survey results showing handicapped persons' limited participation in recreation-leisure activities. Therefore, what can an independent living staff do to assist the disabled in becoming fully integrated in social and leisure activities of their choice? Many IL staff are not trained or knowledgeable about community leisure resources, nor do they have the time to help the disabled person access these resources. A further consideration is the fact that a great many community recreation and leisure leaders are not trained in working with people with disabilities and are reluctant to encourage their participation or to try to adapt programs for their needs. Leisure counseling and education are very helpful, but there still is a need for a more action-oriented approach to facilitate the participation of the severely disabled and those most reluctant to venture out into community programs.

Such an example was described in the paper in this monograph on "Sports and Recreation: Studies and Program from Other Countries." The community reintegration project developed by the Canadian Wheelchair Sports Association demonstrates an action-oriented approach. The project involved the use of trained volunteer leisure-friends to assist disabled persons in their community reintegration. Such a model has merit for independent living programs. Many of these programs use volunteers to assist in needed services. Some centers provide short orientation or training sessions for their volunteers, others may use individuals with experience in working with disabled persons or people who are themselves disabled. Many of these volunteers have rich backgrounds in a variety of fields--engineering, construction work, home economics, teaching, health care, etc. With a short orientation/training session and on-going consultation with program staff, volunteers can be extremely valuable in assisting IL clientele in identifying leisure interests and participating in leisure pursuits.

The time invested in recruiting, orienting, and training three or four volunteers to assist clients in reintegrating in community and/or home leisure activities will pay long-term dividends in enhancing their social adjustment and normal life pursuits. The environmental mapping strategy described below suggests a process that can be used by independent living volunteers to facilitate the social-leisure integration of disabled persons. This strategy is very cost-effective, needing no special equipment or resources, but only that which already exists in the home and community.

Environmental Mapping Strategy

An environmental mapping process enables disabled persons to identify those community leisure resources and programs that support their participation in community and home leisure activities.

Wood and Haas (10) described the use of an environmental mapping process with a group of community art specialists. Conyne (3) described the use of environmental assessment and mapping by college students as a useful process for counselors. The process of mapping described by Wood and Haas involved the trainees literally walking through a community; talking with people in the neighborhood and with various service groups; visiting libraries, churches, local markets, and adult education and community programs; and, in general, observing the cultural and social climate of the neighborhood. The outcome is a map or group of maps (drawings and descriptions) representing the locations and availability of various community programs and resources.

An independent living center can avail itself of the process by using volunteers to assist clients in mapping areas of the community that may be unfamiliar to them. The community mapping process can identify people and programs in areas of recreation and leisure activities that may not be known to either the client or the IL staff. The process can begin either in the client's home, if homebound, or at the IL center.

To begin the process, the center's staff and a volunteer meet with the client to determine the client's interests and capabilities in various leisure pursuits, along with assessing the client's mobility skills and resources. For the homebound client, the mapping process will concentrate on the home environment and nearby neighborhood. Areas of concern are: Is there enough space for a home hobby area? What additional equipment and supplies are needed in order to pursue a chosen activity? What community resources (people and products) are required and what is available in the community to assist the client? The volunteer can help the client organize a hobby area in the home, make contacts wth local dealers and people with similar hobbies, and locate instructors and leisure clubs. The volunteer can also help the client take the initial steps in obtaining

library books on hobbies, exploring possible education classes by way of cable television, or visiting locations of classes to check accessibility. The mapping process enables the client to become acquainted with an array of community resources and opportunities for leisure enjoyment. Actually getting out into the community with a volunteer companion can help to reduce fears.

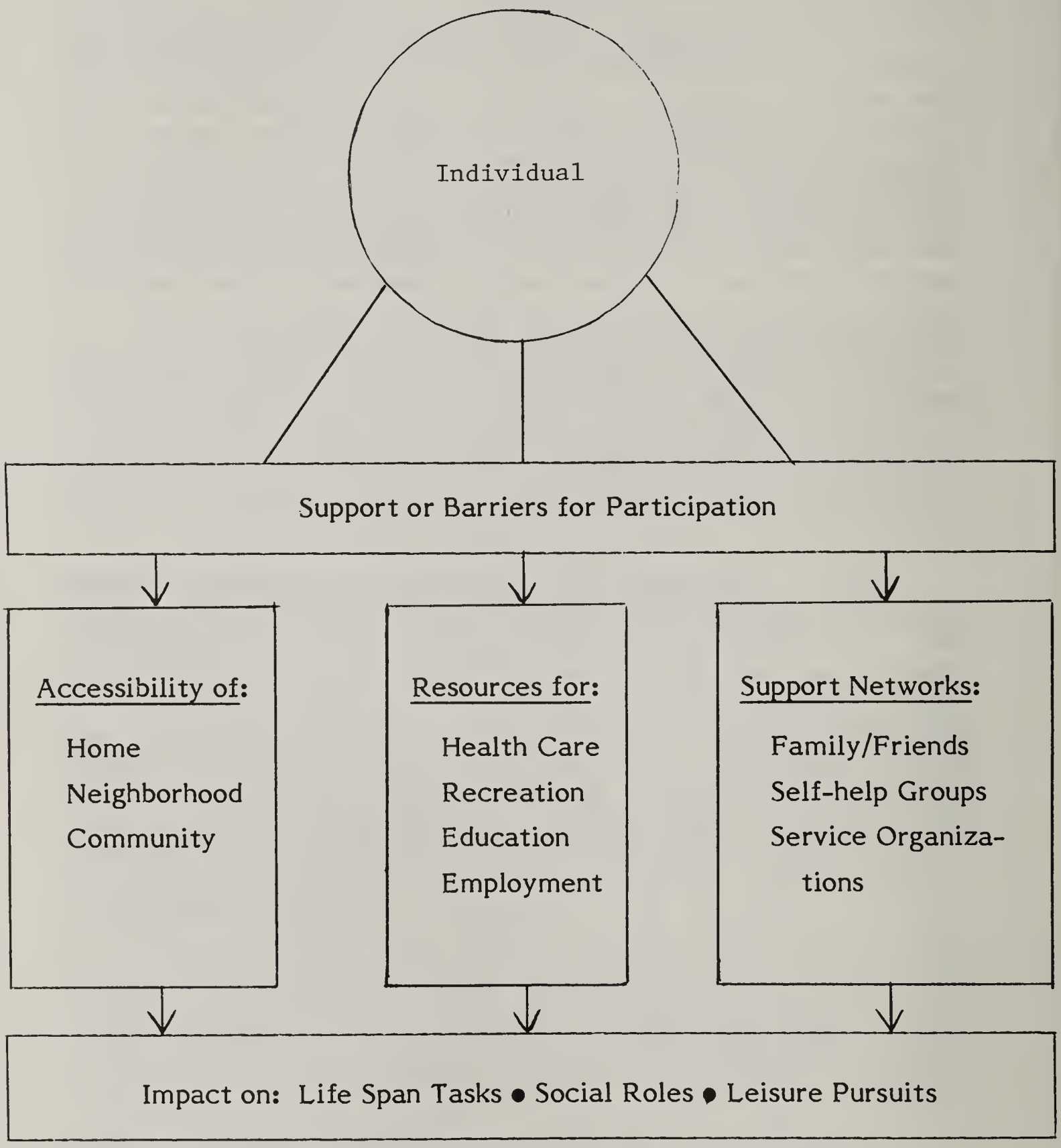
The volunteer does not tell the client what to do or how to do it, but encourages the client to use his or her own judgement once the mapping process is understood. The volunteer is there to provide encouragement, support, and assistance when needed. It is like two people sightseeing in a city for the first time, using maps to locate shopping areas, museums, and restaurants, and talking with the local people about places of interest, as well as being participant observers in the process. The mapping process is flexibly and leisurely performed. Problem solving takes place on the spot, such as how a wheelchair user can get into the museum when the main entrance is up a flight of stairs, or what public transportation is best to take from home to the local library. In other words, the fear and guesswork is taken out of finding solutions to what may seem insurmountable obstacles. The problems are discussed and alternatives found. The client becomes proactive rather than reactive and gains autonomy over situations that place constraints on community participation.

Figure 1 illustrates the components of an environmental mapping process for identifying community resources and opportunities. The steps begin with an IL interview and assessment of the client's needs and interests in the area of leisure time activities. The IL volunteer visits the client's home to explore home constraints and supports for leisure participation and to help the client on any home adjustments. After this comes exploration of the larger community that comprises the client's world. This may take several days of visiting various areas of the community that relate to the client's interest. During the leisure-opportunities exploration, educational, health care, and employment resources and opportunities can also be explored. The volunteer also encourages the client to identify constraints and supports from family members, which may lead to the inclusion of overly protective members in the mapping process in order to reduce their fears. It is also important to identify self-help and other community volunteer groups and organizations to help the client make the bridge to other support networks.

The key factor in the environmental mapping process is building self-confidence in successful performance of the activities undertaken. This holistic community reintegration process is an action-oriented and solution-finding approach in that it realigns the client's lifespan tasks and social roles to those of his or her peers. The client gets immediately involved with the flow of community life and very quickly begins to make choices and decisions about leisure participation.

FIGURE 1

ENVIRONMENTAL MAPPING PROCESS



Conclusion

Independent living programs have a vital role in facilitating the participation of severely disabled people in leisure-time pursuits. It is not expected that independent living programs actually provide the leisure activities for their clients. Rather, the aim is to fully integrate clients into existing community leisure programs. To be able to do this, the independent living staff must become more familiar with the resources, people, and programs in the community. The environmental mapping process is a cost-effective way of doing this, especially with the aid of community volunteer groups. The goal is to provide clients with the necessary skills, confidence, and alternatives so that they can make sound choices in selecting leisure activities that best suit their needs and interests. Ross (9) has found that leisure-time activities can also aid in the development of many directly and indirectly related skills, such as the development of skills in planning, time budgeting, money handling, transportation, information gathering, synthesis, activity preparation, grooming, and socially acceptable behavior. These skills can be developed in the mapping process.

Leisure activities need not take place away from home. More and more people in the U.S. are spending more leisure time at home with movies, home computer games and programs, home fitness rooms, gardening, and hobbies. Most experts see no end to the trend toward stay-at-home leisure (U.S. News and World Report, August 10, 1981). IL staff will do well to watch this and use this information to help the homebound become informed about home-leisure activities.

The increasing use of various aids and assistive devices has also brought about the increased independence of severely disabled persons. New technology on the market today and that that is promised for the future are providing answers for communication, transportation, homemaking, employment, and recreation activities for people with functional limitations. The possibilities for participation in a full array of activities in the future will continue to advance. It would be well for IL staff to stay abreast of these new developments in order to keep their clients informed of technical aids that may assist them in their chosen activity.

References

1. Axelson, P. and McCormack, J. Recreation: In pursuit of freedom, fulfillment and balance. Mainstream, 1983, 8 (11), 8-11.

2. Cole, J. What's new about independent living? Archives of Physical Medicine and Rehabilitation, 1979, 60, 458-462.

3. Conyne, R. Environmental assessment: Mapping for counselor action. Personnel and Guidance Journal, 1975, 54, 151-154.

4. Daniel, C., and Wilson, E. Project HALPE. IRUC Briefings, 1981, 6 (3), p. 1 and 8.

5. Decker, L. The leisure dilemma. Adult Leadership, April 1971, p. 338.

6. Ford, V.B., Brown, R., Mulvihill, S. and Rolf, S. A systematic approach to leisure education in community based residential facilities. Journal of Leisurability: World Congress, Special Issue, 1980, 7 (3), 60-69.

7. Hammerman, S., and Maikowski, S. (Eds.). The economics of disability: International perspectives. New York: Rehabilitation International, 1981.

8. Independent living rehabilitation: Results of five demonstration projects. Rehabilitation Briefs, 1979, 2 (9), 1-4.

9. Ross, C.D. Leisure in the deinstitutionalization process: A vehicle for change. Journal of Leisurability, 1983, 10 (1), 13-19.

10. Woods, J. and Haas, R. What does an artist have to do with neighborhood development? Arts neighborhood development. Los Angeles: The UCLA Extension/The Arts, 1975-76.

The Role of Leisure in Career Development and Rehabilitation

Barbara Palombi
Michigan State University

Most of us are products of a culture in which work is a primary goal and a major source of personal validation. Those who work are held in greater esteem than those who do not work and receive some form of social assistance (5). Consequently, the longer a person is disassociated from work, the harder it may be to maintain a positive self-image (2).

Leisure, if it is regarded at all, is seen as a relatively trivial or even a sinister part of life. Margaret Mead noted (7):

> . . . the nature of our society is such as to downgrade and deride play-motivated behavior in favor of work-motivated activities. The vestiges of the Protestant Ethic that influence our thinking today insist that work is important and godly and play is the work of the devil. Play-motivated activities are permitted only to those who need not or cannot work . . . . Leisure for ordinary people is something that must be earned and used mainly to recreate from the effects of toil. (p. 12)

These cultural attitudes have several detrimental effects, particularly for people with disabilities. Many people do not return to work after an illness or injury. They often face increased periods of leisure time coupled with decreased emotional, financial, and social resources. Moreover, when one's personal identification is mainly attached to work, as is encouraged by our society, then the loss of work is devastating. Little attention has been paid to the long-term effects of extended leisure on lifestyle and career patterns (1).

If the injured person requires an extensive period of time before returning to work, he or she is left with nothing to do. Because of our societal bias that work is the ultimate goal of life, the person is left with little sense of personal satisfaction or self-esteeem.

The Relationship between Work and Leisure

The divorce between work and leisure is so complete that many people cannot see a relationship between the two. A relationship does, in fact, exist. Leisure, along with work, is a vital part of the growth process. By definition, leisure time is under the control of the individual. It is important to help people use leisure activities to enrich their total patterns of interaction with the environment.

Blocher and Siegal (3) recognize the importance of leisure and how leisure activities are related to one's career development:

> Leisure is not a trivial or superficial fringe area of human functioning. It can represent the fullest expression and development of our drive toward freedom, fulfillment, and actualization. (p. 33)

According to Blocher and Siegal (3), leisure may be used to determine levels of:

1. involvement - in life style;
2. challenge - acceptable levels of;
3. support - provide personal participation in a network of warm, empathetic and caring relationships;
4. structure - clear sense of direction and purpose in regard to goal attainment;
5. feedback - clear, continuous and immediate information regarding the quality of performance which may also contribute to enhancing one's self-esteem;
6. application - practical tryout and demonstration of skills and understanding;
7. integration - opportunity to reflect, introspect and organize a view of life or personal experiences. (p. 42)

In order to select an occupation that will use one's skills and aptitudes, one has to have had a variety of life experiences. The present author, in a college course entitled "Career Exploration for the Disabled Student" asked students who were congenitally disabled to list their outside interests. The major activities mentioned were watching TV, playing cards, and reading. Since these students had had few opportunities to participate in leisure activities, it was difficult for them to determine areas of interest. This problem became magnified when they began to explore their work interests. Many of their occupational choices had been limited due to their lack of social and leisure exposure. The students also did not understand how leisure activities could be related to their job selections and potential life satisfaction.

Those students who were traumatically injured had no easier time in listing their 20 favorite activities. Limited exposure was not the issue, but one of lack of experience since their injury. During their rehabilitation programs, the major focus had been on gaining vocational skills and developing competencies that would

provide them with a way to make a living. Few had had opportunities to participate in their former leisure or work activities; this left them feeling unprepared and doubting their own abilities. Leisure activities would have provided them with a safe outlet to develop new interests, social skills, and employment alternatives.

All of these students had disregarded their leisure interests and had indirectly limited their employment possibilities.

Societal values are reflected in the rehabilitation counseling process. When we look at the reasons why clients are unsuccessful in making the transition from a rehabilitation setting to living alone, maintaining employment, or being satisfied with their lives, the leading cause has been a lack of leisure interests. "A person returns to his home, family, and job only to find that he is unable to cope with the problems created by his leisure time" (8, p. 226). But, in the rehabilitation setting, the primary focus is to return the client to "productive employment."

Furthermore, we counsel our clients in terms of short-term career goals. Though we talk about skill identification and the applicability of these skills to various occupations, most clients have the impression that once they select a career, they will never be faced with this decision again.

Conceptual Issues

Blocher and Siegal (3) view leisure counseling as a parallel and companion activity to vocational counseling:

> These two services . . . combine to assist clients in building life styles that support optimal levels of individual growth and development, personal health and satisfactions, and social contribution. Essentially, the two elements of work and leisure combine to generate the concept of career. (p. 41)

In practice, leisure, work, and career remain three separate concepts. Without a model to integrate these three concepts, they remain separate entities, each being served by different professionals. As an example, within the rehabilitation setting, the client's leisure needs are handled by the recreational therapist, while the rehabilitation counselor deals with the vocational issues. The client's vocational needs are regarded as more important than his/her leisure needs. Rarely is the recreational therapist contacted to assist with the client's vocational concerns. The two therapists have little contact with each other, yet both may have the same overall objectives and goals for the client.

Conceptual Models

A conceptual model integrating the concepts of work, leisure,

and career would enable professionals to work more effectively with each other and to assist the client in seeing the relationship between these concepts. Two models that have integrated these concepts are that of Loughary and Ripley (6) and the model designed by Bolles (4).

Loughary and Ripley (6) began working on the split between career, work, and leisure by providing a new definition for each. They define career as those activities that are of prime importance during one's life. They also identify three kinds of major life activities (6):

1. Job. Activities that contribute to basic survival needs (i.e., making a living).

2. Vocation. Activities that provide a sense of self-fulfillment, self-worth, and contribution.

3. Leisure. Activities that contribute to recreation and aesthetic pleasure.

Emphasizing only one of these activities creates a constricted view of life and career. In a study conducted by Ripley and Neal (9) with clients who were dissatisfied with their current "job," they found that clients' overall life satisfaction was increased through the introduction of activities that enhanced their vocational or leisure interests.

This same study has applicability for the rehabilitation setting. If at the beginning of the rehabilitation process this definition of career is used with clients, we, as professionals, will have a broader range of activities on which to focus. Each client needs to consider what activities will provide a sense of self-fulfillment and self-worth (vocation); recreation and aesthetic pleasure (leisure); and a way to make a living (job). Placing emphasis solely on the "job" portion of rehabilitation places the client in a vulnerable position.

For leisure to be beneficial, there needs to be a balance. As Richard Bolles has stated, "Leisure is not to be saved up until you are a 'senior citizen' but is to be indulged in, throughout your whole life" (4, p. 335).

Bolles has a somewhat different view of career development. He takes the concepts of leisure and career one step further and looks at them in terms of "life/work planning." Within this framework, he has designated three types of activities: learning, working, and playing. He believes that individuals tend to focus on only one of these activities during different times of their lives. From 18-22, the learning box is emphasized, from 22-65 the emphasis is on work, and finally, at age 65, one has permission to play. These boxes have become separate from each other and no

preparation for the next phase is provided.

Our culture expects that when we reach a certain age, we will be in a specific box and focus solely on those activities. For example, the years 22-50 are largely devoted to work. Formal education has been completed, and leisure activities are primarily used to "recharge the batteries" so that work activities can be completed. The result of this type of life/work planning is the feeling of being trapped and unable to see any alternatives and, therefore, no way of changing the predicaments we get into.

Bolles encourages the individual to maintain a balance between education, work, and leisure within each day, week, month, year, and decade. We need to take charge.

> No matter how many forces there may be which seem to influence or even dictate part of your life, there is always That Part over which you have control . . . If you decide what it is that you want out of your Learning, and out of your Working, and out of your Playing, you will be infinitely less <u>powerless</u> and "victimizable." (4, p. 58)

The purpose of life/work planning is always to have alternatives, no matter what one's age, physical capabilities, place in life, or personal goals.

This concept is of crucial importance in the fields of career development and rehabilitation. Clients need to recognize and identify the portion of their lives over which they have control. It is depressing for a person with a disability to focus on what he/she cannot do or have control over. The major focus of rehabilitation and career development should be one of expanding alternatives rather than eliminating options.

Implications for Professionals

How can the theories of Blocher and Siegal, Loughary and Ripley, and Bolles assist rehabilitation and career development professionals?

1. It is important for the client to recognize that there are always portions of his/her life in which he/she has control and can make choices.
2. One's self-esteem and self-enhancement are not based solely on work- or job-related activities. Self-esteem and self-enhancement can be developed through numerous means, including education, and vocational activities.
3. Leisure activities serve as an opportunity to develop skills that can be related to a job.
4. Leisure is an essential part of one's life/work plan.

Translating these concepts into programmatic terms, we need to view our clients' concerns from a larger perspective--that of life planning rather than a one-to-five-year time frame.

My own experiences confirm the views of Bolles and Loughary and Ripley. I was asked to develop a career counseling and placement program for college students with disabilities. I organized a four-year program beginning with the identification of possible career interests and ending with employment. I quickly realized that unless an individual had prior exposure to various career options and a variety of leisure interests, he/she had difficulty in making career-related decisions. Because of this, I altered the program focus.

I had the students explore and then develop outside interests. Since the university had an adapted physical education program, we encouraged the students to participate and coordinated the two programs. Through the adapted physical education, the students developed leisure interests. Because of these activities, the students began to act more confidently, develop new skills, test their limits both physically and mentally, increase their social skills, and make new friends. These experiences influenced their career decision making.

One student was a 27-year-old female, handicapped from birth and very shy. Her career goal was to be an elementary teacher, but the department chairperson felt that her shyness, coupled with her disability, would hamper her progress.

We suggested that she become involved with the adapted athletic program. Through her participation, her confidence increased and she felt comfortable in competing at the regional wheelchair games. She did well and qualified for the national wheelchair games. During the same period, the elementary education chairperson began to notice changes with the student. The student was still a quiet individual, but she now radiated a sense of confidence when she worked with the children. The student was accepted into the elementary education program. Her outside leisure activities were one of the major reasons for her success.

This pattern was repeated with numerous students. Those students who continued to have difficulty making job-related decisions were those who had few or no outside interests.

Based on theory and practical experience, my advice to rehabilitation and career professionals is to explore possible leisure interests with their clients. After the clients have identified several possibilities, assist them in developing a plan of action. Without this plan of action, these ideas may remain possibilities instead of becoming realities. Encourage clients to think of alternatives through practical methods such as interviewing individ-

uals in various careers and through more relaxed exercises like fantasy trips or creating a perfect day. Each of these experiences will provide the client with new possibilities to consider.

Career decision making is a life-planning process that includes vocational, job, and leisure components. Encourage clients to incorporate a variety of activities from each of these components.

Finally, remind the clients that there are always choices available to them. Unless they exercise their power of choice, they will feel trapped and victims of society and the social system. Using these steps, career exploration can become an exciting journey for both the client and the professional.

References

1. Aikens, A. An institutional perspective: Recreation and leisure services in spinal cord rehabilitation. Journal of Leisurability, 1982, 9(2), 27-31.

2. Amundson, N. and Borgen, W. The dynamics of unemployment: Job loss and job search. The Personnel and Guidance Journal, 1982, 60,(9), 562-564.

3. Blocher, D. and Siegal, R. Toward a cognitive developmental theory of leisure and work. The Counseling Psychologist, 1981, 9(3), 33-44.

4. Bolles, R. The three boxes of life. Berkeley: Ten Speed Press, 1978.

5. Drahotsky, B. A response to "The eighth deadly sin." Journal of Leisurability, 1982, 9(2), 36-38.

6. Loughary, J. and Ripley, T. Second chance: Everybody's guide to career change. Eugene, Oregon: United Learning Corporation, 1975.

7. Mead, M. The pattern of leisure in contemporary American culture. Annals of the American Academy of Political and Social Science, 1957, 313, 11-15.

8. O'Morrow, G. Recreation counseling: A challenge to rehabilitation. Rehabilitation Literature, 1970, 31(8), 226-233.

9. Ripley, T. and Neal, L. Career change. JOPHER, 1974, 45, (9).

Reflections on the Pursuits of Leisure: A Consumer Viewpoint

Burton Pusch
Independent Living Program
Puyallup, Washington

America is a country of contrasts. It is a land where work is highly valued. Whether you call it employment, substantial gainful activity, or pulling yourself up by your boot straps, work is still one of the most cherished and respected American values. Yet, springing up among the countless articles on increasing productivity and time efficiency is a renewed interest in leisure time. Finding a break and taking a rest from this fast-paced life is becoming equally as important as working. But what happens to the person whose life's ambitions are altered by unforeseen events--a person who is suddenly left with a seemingly endless expanse of leisure time due to a physical limitation?

As the manager of an independent living program for persons with physical disabilities, I often encounter the "problem" of leisure time. Many of my clients were so engrossed in their work that they did not know how to transform their free time into leisure time. Hence, an overabundance of free time becomes a problem.

The Use of Leisure Time

Leisure time in and of itself is not a problem. The problem of leisure time for many individuals who have disabilities usually is the result of several factors, including inadequate financial resources and lack of an appropriate support system, for example. I feel, however, that these may only be compounding factors that do not necessarily lie at the core of the need.

More likely, it is the perceived limitations, real or not, of the disability that are central to the problem. These, in turn, are usually surrounded by a lack of education and inadequate experiences with time management, creative problem solving, and having a multi-dimensional view of one's self.

I shall never cease to be amazed that two people seated in a waiting room will have two completely different impressions on the passage of time. Likewise, two people with similar disabilities and similar resources can have opposite experiences with their leisure time. The primary resource that differentiates them is their attitude.

There are several pieces of information, reinforced through practice, that are provided through independent living services to persons who have disabilities and are feeling their leisure time to be a problem.

Initially, we look at time management--what it is, how to gain control over it, and why it is important. Several weeks are then spent exploring and practicing creativity in problem solving. While a disability may limit a person from participating in an activity exactly as he/she had done prior to the impairment, rarely is that person totally excluded from participating through another medium. For example, a basketball player felt devastated that he could no longer play ball due to quadriplegia. After spending some time creatively exploring his options for participation, he realized that there was nothing to prevent him from coaching. Now he is back in the game.

The final phase of education is providing information and positive experiences that allow persons with disabilities to step beyond themselves, to see themselves as multidimensional people. Because I feel that this is a key to developing a positive self-awareness, I would like to briefly explain what I mean by the "multi-dimensional self."

Understanding begins with agreement on the meanings of the words that are often used to describe "the disabled." Persons who have a disability may perceive themselves on three different levels.

1. They have a physical impairment, which is a statement of physiological facts. It is a statement of blood, bones, and tissue. It makes no claim about what the person may or may not be able to do.

2. They also have a disability. This is the sum of the physical impairment when combined with available adaptations and the environment. For example, a person with quadriplegia is less disabled in an environment that accommodates wheelchairs and more disabled in an environment that does not.

3. The final level from which persons may view their disability is that of a handicap. Handicap is defined as a social stigma.

Dividing up the various levels of perception provides a person with a disability with a greater sense of control, less personal responsibility for the fact of "disability," and makes for a flexible, composite picture of who the person is and what he or she has and can do.

Time is also spent exploring the multiple roles and characteristics we all possess, and focusing on a single affirmative characteristic that positively describes all other roles and characteristics. For example, the characteristics "intelligent" or "tender-loving" may prove more beneficial for a business woman or lover than using "disabled" to describe these roles. There are important implications

and residual side effects that reinforce who you are or who you think you are and what you can do simply by believing you are essentially "disabled" or "intelligent."

Armed with significant and useful information about themselves and the world around them, people with disabilities can have the freedom to choose. Without the availability of choices, there is no freedom.

I am that typical American: a workaholic. In my spare time I create labor rather than leisure. Increasingly, however, I am devoting more time to quiet, low physical energy activities, such as reading, music, art, and conversation.

I see recreation and exercise as two options I may choose to fill my leisure moments. However, I've chosen to define leisure as a time for psycho-spiritual rejuvenation.

Recreation is something I do expressly to have fun. I may take a walk, play table tennis, go water sledding, or play a game of cards. However, most of these activities require a large amount of concentration or physical energy, as does exercise. These activities, while enjoyable, may, like work, put a tremendous drain on my energies. Leisure time, for me, is a time to replenish those energies.

Leisure by this definition is a period of time set aside for rejuvenation. It is a time for getting to know yourself better. For an hour or so I can unravel tensions, fortifying my inner strengths and energies. Often I find myself pursuing creativity for its own sake. Ironically, my leisure time is usually a high energy period, but it is not the same as the high energy of physical activity or mental stress. Rather, it is the reconstituting energy of self-expression, self-being, and self-worth.

Conclusion

A fast-paced cosmopolitan society can stress and eventually drain anyone's energies. Being exposed to the normal stresses of everyday life, and compounding those with the additional stresses of having a disability (such as putting out more physical energy for achievement and fighting attitudinal barriers) can be draining to anyone. The world isn't perfect and no one said it would be fair, but I am thankful for those leisure moments when I can remind myself of who I am and what I can do, and tell myself that the world may not be such a bad place to live in after all.

4. WHERE DO WE GO FROM HERE

Our psychological needs can be met by participating in some activities that are part of a paid work life, some that are leisure time activities, and still others found in both work and leisure. (Bloland and Edwards, 1981)

The conclusion recommends further research and documentation of the benefits of leisure in the life of disabled persons. There remains the on-going need to continue our efforts to remove attitudinal and environmental barriers that prevent disabled citizens from participating in community programs. The authors advocate a lifespan, holistic approach to counseling people with disabilities that integrates leisure, work, and career development.

Summary and Conclusions

Marianne Maynard and Linda Chadderdon
University Center for International Rehabilitation

In this monograph, we have discussed the importance of a healthy lifestyle and the role of recreation in facilitating such a lifestyle. We have also identified some of the disruptive effects that disability may have on lifestyles, such as the interruption of the normal development of lifespan stages, not to mention the experience of economic, social, and attitudinal barriers to full participation in everyday activities. Even with the promulgation of public policies, declarations of rights, legislation, and resolutions advocating leisure opportunities for the handicapped, there still remains much to be accomplished in completely integrating disabled people in the mainstream of life.

The monograph has described a number of program models initiated in the U.S. and other countries. Most have been effective in meeting the specific needs of the population groups for which they were designed. Studies cited in the monograph have also shown that leisure skills, like work skills, are learned and, therefore, frequently absent or underdeveloped in the disabled population because of their limited exposure, opportunities, and experience in participating in such activities. Several approaches were suggested to facilitate leisure counseling, guidance, and client participation in rehabilitation/independent living and community programs.

Where Do We Go From Here

We find, not only in the United States but in other industrialized countries as well, that leisure skill development is frequently overlooked by health, rehabilitation, and social welfare personnel in their quest to effect independence and/or employment. Leisure time use is one of the major components of a normal lifespan and, therefore, must be addressed in the total rehabilitation plan of the individual.

Although much has taken place over the last 20 years to prompt the social integration of people with disabilities, we still have not arrived at a truly humanistic approach for people with special needs. There remains the need for public information and education, equal access to buildings and programs, available programs and opportunities, and economic security. There remains the need for governments to justify spending money on leisure resources and programs for minority population groups, such as the disabled. There remains a need to justify the benefits of recreation, sports, and leisure in the lives of people with disabilities. Saying that it has a benefit does not make it so. There still is a need to convince community program planners and directors that disabled people have

the right to equal access and the freedom to enjoy and participate in any leisure activity of their choice.

Research Needs

Therefore, the need continues for research and demonstration studies to identify consumer needs and problem areas in leisure pursuits and to document program benefits and results.

In 1979, the Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers (2) identified a number of topics related to recreation/sports/leisure that need further investigation. The list below is just a few of the research areas they noted that relate to issues discussed in this monograph.

1. The effect of leisure education programs in successful adjustment and living.
2. The relationship between leisure education and vocational success.
3. Leisure living as an alternative to work.
4. The effects of leisure-recreation participation on the incidence of secondary effects of disabilities - obesity, substance abuse, depression, and lethargy.
5. The development, implementation, and evaluation of multi-agency approaches to leisure education.

Hunt and Brooks (1) also identified areas for research using the Delphi technique and a panel of experts to rate recreation needs in the field for disabled. The results suggested research and program needs in the following areas:

1. Determination of the role of leisure in the overall life satisfaction of disabled persons.
2. The impact of federal funding on programs designed for disabled persons.
3. Development of adaptive recreation equipment that is economically feasible.
4. The improvement of public relations techniques in order to make the general public more aware of the needs of disabled persons.
5. Identification of discriminating practices of recreation suppliers that often prohibit or limit the disabled individual's opportunity to engage in recreational activity.

In addition to the above research areas, several others come to mind that would add a broader perspective to leisure participation.

1. A study over time of changing leisure interests and participatory patterns, and the influence of disability, age, sex, and ethnic group membership on these patterns.
2. Family influences on disabled persons' leisure choices and pursuits.

3. Disabled persons' characteristics or conditions that facilitate or impede participating in and benefiting from leisure opportunities.
4. Institutional (agency, program, provider) characteristics or conditions that may influence disabled persons to participate in and benefit from program opportunities.
5. Administrative and management functions of providers of services that may facilitate or impede leisure opportunities for disabled consumers.

Counseling Considerations

It is no longer appropriate for rehabilitation counselors to limit their focus to clients' vocational goals and job placement. A much broader perspective of life or career planning is needed that includes maintenance of a healthy lifestyle, home management, and vocational and avocational goals and pursuits. Counselors must recognize the positive values of leisure as well as work - both have their place in meeting clients' needs.

Independent living and vocational rehabilitation counselors have observed that many of their clients need guidance on ways to organize their lives so that they can maintain a balance between work, home, and personal care needs and leisure. Clients' adjustment problems often stem from their concern about managing time, given the many demands placed on their use of time.

More consideration needs to be given to a holistic approach of not only working with the client's problem areas, but also supporting the "wellness" of the individual. Leisure is a fundamental contribution to a state of wellness and must be recognized as a serious component of the counseling process. A balanced view of the roles of work and leisure should guide our future research and practice.

This monograph has brought together information about issues, models, and practices that are of concern across cultures. We all have much to learn, and we can all benefit by exchanging information internationally. We offer this monograph as a contribution to furthering this exchange.

References

1. Hunt, S.L., and Brooks, K.W. A projection of research and development needs: Implications for disabled persons. Journal of Leisurability, 1982, 6 (3), 28-32.

2. Project Staff. Focus on research: Recreation for disabled individuals. Washington, D.C.: Regional Rehabilitation Research Institute on Attitudinal, Legal, and Leisure Barriers, George Washington University, 1980.

APPENDIX A

Authors/Contributors

Appendix A
Authors/Contributors

Ms. Linda Chadderdon
Publications Editor
University Center for International Rehabilitation
513 Erickson Hall
Michigan State University
East Lansing, MI 48824-1034

Mr. Knut Grendstad
Education Officer
Beitostolen Helsesportsenter
Levanger Larerhogskole
7600 Levanger
NORWAY

Ms. Rosalia de Paula Silva Mancilha
Recreation Therapist
Pca. Rosario 84/03 Muriae
Minas Gerais - BR 36880
BRAZIL

Dr. Marianne Maynard
Senior Research Associate
Associate Professor
University Center for International Rehabilitation
Michigan State University
East Lansing, MI 48824-1034

Mr. Inge Morisbak
Director of Education
Beitostolen Helsesportsenter
2953 Beitostolen
NORWAY

Dr. John A. Nesbitt
Professor
Recreation Education Program
University of Iowa
West 612A Seashore Hall
Iowa City, IA 52242

Ms. Barbara Palombi
Doctoral Candidate in Counseling
Psychology Program
Michigan State University
5924 1A Bois Ile Drive
Haslett, MI 48848

Dr. Richard Dale Paulsen
Assistant Professor
Department of Park and Recreation Resources
131 Natural Resources Building
Michigan State University
East Lansing, MI 48824

Mr. Burton Pusch, BS
Manager
Independent Living Program
Good Samaritan Hospital
P.O. Box 247
Puyallup, WA 98371

Ms. Pamela Treece, BS
Customer Service Representative
Owens-Corning Fiberglas Corporation
807 South 282 Place, Apartment 156
Federal Way, WA 98003

APPENDIX B

Annotated Bibliography of

Selected Books, Documents, and Journal Articles

on

Leisure and Recreation

by

Rosalia de Paula Silva Mancilha

Recreation Therapist

Vicaso, Brazil

Annotated Bibliography

Aikens, A. An institutional perspective: Recreation and leisure services in spinal cord rehabilitation. Journal of Leisurability, 1982, 9(2), 27-31.

This article is based on a program at Lyndhurst Hospital, a rehabilitation center in Toronto set up to offer active rehabilitation to persons with traumatic spinal cord injuries and other related diseases of the spinal cord. The article covers referrals and assessment, leisure education, leisure counseling, community orientation, community resource information, and, finally, evening and weekend programs.

American Alliance for Health, Physical Education, and Recreation. Physical education and recreation for impaired, disabled and handicapped individuals...past, present, and future. Washington, D.C.: Author, 1976.

This document covers such topics as professional preparation, handicapping conditions and activities, related program areas, program organization/administration and implementation, related projects funded by the Bureau of Education for the Handicapped and state departments of education, and relevant conferences and projects sponsored by other groups and organizations.

Andrews, H. Holistic approach to rehabilitation. Journal of Rehabilitation, April-May-June 1981, 28-31.

The recent emergence of the holistic medicine movement has strongly influenced the helping professions. The rehabilitation profession has endorsed the study of mind-body interactions but has largely ignored spiritual concerns. Considerable evidence now exists that suggests that rehabilitation workers must consider spiritual interventions. Suggestions for spiritual assessment and intervention strategies are discussed within the context of a holistic model.

Arnold, N. Proceedings and papers: The second world conference of experts on leadership for leisure. New York: World Leisure and Recreation Association, 1980.

This publication includes sections on the phenomenon of play, summary statements and case studies; leisure education and training: focus on youth; multicultural and cross-cultural challenges of leisure services and training; leisure services issues at community, district, and national levels; and the philosophies and services of professional recreation organizations. Also includes all the conference program, workshop reports, and a list of the conference participants.

Bammel, G. & Bammel, L. Leisure and human behavior. Dubuque, Iowa: William C. Brown, 1982.

Chapters discuss the meaning of work ranging from work in primate cultures to work in the industrial and postindustrial era. The author discusses the purpose of work, work satisfaction, and leisure beyond work. Work alternatives are also examined, such as limited work hours; staggered hours; flex-time; forty-hour, four-day work week; three-day work week; sharing and part-time work; and year variations.

Bloland, P. & Edwards, P. Work and leisure: A counseling synthesis. The Vocational Guidance Quarterly, Dec. 1981, 38(2) 101-108.

This article shows how work and leisure can be integrated for counseling purposes by using new theory as a unifying construct for counseling outcomes to improve clients' quality of life.

Bolles, R. The three boxes of life: And how to get out of them. Berkeley: Ten Speed Press, 1978.

This book presents ideas about education, work, and leisure--what the author calls the three boxes. The need to deal with all three at once is discussed along with an introduction to life/work planning.

Brightbill, E. The challenge of leisure. Englewood Cliffs, New Jersey: Prentice Hall, 1960.

This book focuses on such topics as what leisure is and the problems and costs of leisure. It also examines the relationship between leisure and several factors; e.g., values, art, nature, personality, health, education, and freedom. The relationship between work and leisure is also covered.

Carlson, R., MacLean, J., Deppe, T. & Peterson, J. Recreation and leisure: The changing scene (3rd ed.). Belmont, California: Wadsworth Publishing, 1979.

The authors focus on the economics of leisure and discuss how Americans spend their leisure time and how they spend their money during leisure. The various chapters deal with the impact of recreation and leisure, the public sector, the voluntary and private sector, leisure choices, and the need for leadership.

Chubb, M., & Chubb, H. One third of our time? An introduction to recreation behavior and resources. New York: John Wiley & Son, 1981.

The book is divided into four parts. The first part discusses the history and importance of recreation. The second part is about

the external factors affecting recreation participation: economic and population factors, social and personal factors, accessibility, resources, and transportation. The authors also discuss the nature and extent of recreation participation. In the third part, they examine the nature of recreation resources: undeveloped recreation resources; private recreation resources; commercial, private recreation resources; publicly owned recreation resources; cultural resources; and professional resources. The fourth part discusses problems, trends, and the future.

Cross, D. The influence of physical fitness training as a rehabilitation tool. International Journal of Rehabilitation Research, 1980, 3(2), 163-175.

The author collected a sample of 10 articles that offer some support to a previous discussion concerning the interrelatedness of the body and mind. The theoretical construct of "sound body - sound mind" may hold implications for a variety of rehabilitation settings and client populations. On the basis of the aforementioned 10 articles, exercise training appears potentially useful as a rehabilitation program tool.

Day, H. A role for recreation in vocational rehabilitation. Therapeutic Recreation Journal, 3rd Quarter, 1976, 79-85.

This article deals with rehabilitation of the handicapped and their recreation needs. The author suggests that it is time to reappraise the place of recreation in our society in light of changing attitudes towards the work ethic and in consideration of the present employment reality.

Drahotsky, B. A response to the eighth deadly sin? Journal of Leisurability, 1982, 9(2), 36-38.

This article is a viewpoint of the author's. He attempts to clarify what he calls the misrepresentation and distortions of the principle of normalization found in an article by John Farina in the Winter 1982 issue of the Journal of Leisurability.

Haworth, J.T., & Smith, M.A. Work and leisure: An interdisciplinary study in theory, education and planning. Princeton: Princeton Book Company, 1976.

The contents of the book are divided into three parts: theory, work and leisure; education, work and leisure; and planning, work and leisure. The first part considers a number of broad but related issues in work and leisure such as whether or not we are a work or leisure-centered society and the implications for policy: what aims society will wish to plan for, and what goals and needs it will try to meet. The second part examines the role of education in a changing

society in relation to both schools and communities. The last part looks at some of the problems associated with the formulation of objectives in planning and examines a number of factors that affect both provision and implementation in public and private areas.

Hunt, S.L. Work and leisure in an academic environment: Relationships between selected meanings. Research Quarterly, 1979, 30(3), 388-395.

The purpose of this study was to examine selected meanings of work and leisure as perceived by workers comprising three different occupational classifications at the University of Georgia. Significant positive correlations were found in each of the three occupational classifications, indicating that workers satisfied with a concept in their work were also satisfied with that concept in their leisure.

Hunter, J. Leisure counseling: More rhetoric than reality? Journal of Leisurability, 1982, 9(2), 5-11.

Individuals with disabilities who have not had an opportunity to develop personally rewarding leisure lifestyles often find that leisure programs are in isolated or segregated settings with little attention paid to community support systems essential for successful integration. The author questions the group or individual approaches to enhancing leisure awareness and opportunities.

Ibrahim, H., & Candall, R. Leisure: A psychological approach. Los Alamitos, California: Hwong Publishing, 1979.

The book shows how the work ethic has been changing to a leisure ethic. It also covers subjects such as: the social-psychological aspects of leisure, deviant leisure, and leisure and special populations.

Iso-Ahola, S. & Buttimer, K. The emergence of work and leisure ethic from early adolescence to early adulthood. Journal of Leisure Research, 1981, 13(4), 282-288.

Beliefs about the attitudes toward the work ethic and leisure ethic from early adolescence to early adulthood were studied in order to specify significant change. The data revealed a significant difference between 12th grade and college-enrolled students. The study suggests that the impact of the effects of college education in general may have been compounded by the change in the social environment of education from high school to university and, consequently, by the achieved personal independence and responsibility of students.

Ibrahim, H., & Martin, F. Leisure: An introduction (2nd ed.), Los Alamitos, California: Hwong Publishing, 1978.

This book provides evidence for the relationship between leisure and work and what is going to happen in the future with leisure and work. It also covers such topics as: the philosophical and sociological bases of leisure; toward a society of leisure; the participant; leadership in leisure service; leisure and kinetics; leisure and the mass media; leisure, outdoors and travel; administration of leisure; and the future and opportunities in leisure.

Kafry, D. & Pines, A. The experience of tedium in life and work. Human Relations, 1980, 33(7), 447-503.

Tedium was predicted to be related to internal/external features. A trilogy of studies designed to develop a tedium measure, to test its reliability and validity, and to study its relationship to internal and external life and work features was presented. Tedium was found to be a significant correlate of both internal and external life and work features.

Kando, T.M. Leisure and popular culture in transition (2nd ed.). St. Louis: The C.V. Mosby Company, 1980.

The book is divided into two major parts. The first five chapters are theoretical, while the next five are substantive. Chapter 1 provides an overview of the book's two major themes--the history of and changes in our attitudes toward work and leisure and current changes in our national consciousness and lifestyle. Chapter 2 reviews four key concepts in the sociology of leisure. Chapter 3 addresses controversial issues in the field. Chapter 4 is an overview of major approaches and empirical research findings on leisure and popular culture. Chapter 5 examines the question of the alleged "leisure boom." Chapters 6 through 9 discuss high culture, the print media, cinema, television, and popular music. Chapter 10 is about sports, outdoor recreation, and travel.

Kelly, J.R. Leisure. Englewood Cliffs, New Jersey: Prentice-Hall, 1982.

Some important issues are discussed, such as: the meanings of work; the alleged centrality of work to life; the myth of the declining work week; models of the relations of work and leisure; the time vs. income trade off and its implications for leisure; and the possibility of an ongoing consensus on work and leisure values.

Kinney, N. & Berryman, D. Developmental approaches to therapeutic recreation programming: A new research focus. International Journal of Rehabilitation Research, 1980, 3(2), 153-162.

This manuscript provides a review of the benefits of therapeutic recreation and describes why it is important to use scientific and objective criteria in program planning. A number of models are

identified that have developed systems approaches to therapeutic recreation planning. A recent model, developed at New York University, is described in detail and some projections for the future are made.

Kraus, R. Recreation and leisure in modern society (2nd ed.). Santa Monica: Goodyear Publishing, 1978.

The book deals with such areas as the history of recreation, psychology of play, and sociology of leisure, as well as providing a comprehensive picture of the overall leisure service delivery system. It is divided into four parts: concepts of recreation, play, and leisure; the history of recreation and leisure; the recreation movement today; and the goals, problems, and issues in recreation service.

Loughary, J., & Ripley, T. Second change: Everyone's guide to career change. Eugene, Oregon: United Learning Corporation, 1975.

This book is concerned with helping the reader gain increased satisfaction from life. It is essentially a suggestion for applying common sense to daily concerns. It contends that personal happiness comes mostly from how well people manage their lives and not from what other people "ought to do" for them.

McDowell, C. Leisure consciousness, well-being and counseling. The Counseling Psychologist, 1981, 9(3), 3-32.

This article covers such topics as the leisure and wellness research center, leisure and consciousness, and indicators of work consciousness and leisure consciousness. There is also information on the influence of work-market ideology and leisure ideology on life satisfaction. Functional and definitional dimensions of leisure and well-being are discussed.

McIntosh, P. Sport-for-all programmes throughout the world. Paris: UNESCO, 1982.

This document charts and analyzes the progress made by governments in the sport-for-all movement. It covers topics such as nomenclature and definition; aims and objectives; programs; nonparticipants; agencies; finances; leaders, coaches, and teachers; research and evaluation; plans for the future; and the concept of sport-for-all.

McLennam, N. Leisure educating the well-educated. Journal of Leisurability, 1982, 9(2), 32-35.

This article tells about the difference between leisure education and leisure counseling. The author discusses leisure education

in the context of professional circles and describes a specific approach to leisure education.

Millard, C.W., Lockwood, D.L. & Luthans, F. The impact of a four-day work week on employees. MSU Business Topics, 1980, 28(2), 31-37.

This study provides important information about the potentially positive effect of a four-day work week on employee satisfaction and absenteeism. At the same time, it cautions against the dangers of launching such programs on a short-term, experimental basis and then withdrawing them.

Miller, L. & Weiss, R. The work-leisure relationship: Evidence for the compensatory hypothesis. Human Relations, 1982, 35(9), 763-771.

The present study argues that individuals sometimes compensate for work deficiencies through leisure activities. Evidence is presented showing that individuals with low occupational status are more likely to stress the importance of prize winning in leisure than individuals with high status. Since low- and high-status individuals did not differ in their abilities actually to win prizes, the results are attributed to the desire of low-status individuals to compensate for lack of occupational status through leisure achievement.

Murphy, J. Concepts of leisure: philosophical implications. Englewood Cliffs, New Jersey: Prentice-Hall, 1974.

This book covers topics such as: the philosophical dimensions of leisure; the classical dimensions of leisure; discretionary time; quantitative leisure; leisure as a function of social class, race, and occupation; leisure as a form of activity; anti-utilitarian leisure; work and leisure; and the future of leisure in a holistic framework. In the last two topics, the author talks about the influence of leisure upon work and gives three possible alternatives for the future of work.

National Recreation and Park Association. Therapeutic recreation: State of the art. Tel Aviv, Israel: Author, 1970.

This publication collects 14 papers prepared for the 13th World Congress of Rehabilitation International held in Tel Aviv, Israel. The articles are on therapeutic recreation and cover philosophy, programs, research, governmental involvement, recommendations, and resources.

Nesbitt, J. New concepts and new perspectives in special recreation. Paper presented at the National Conference and National Institute on New Models of Community-Based Recreation and Leisure Programs and Services for Handicapped Children and Youth, Iowa City, 1978.

This study gathered some important information about new concepts and new processes in special recreation, a national survey of community-based recreation and leisure programs and services for the handicapped, and recreation and park departments that have provided pioneer opportunities in community or special recreation for disabled.

Nesbitt, J. General resolutions adopted by Special Recreation, Inc. for national and international consideration by the public, by private or voluntary organizations and by governmental agencies. Iowa City: Special Education, Inc., 1982.

The resolutions are of a general nature seeking action from organizations and agencies in promoting special recreation at the national and international levels.

Nesbitt, J. Physical education and sport for handicapped persons: Availability and dissemination of documentation and research. Paper presented at UNESCO's International Symposium on Physical Education and Sports Programs for the Physically and Mentally Handicapped, Washington, D.C., November 22-27, 1982.

This paper covers such topics as special physical education and sports programs; international technical assistance and information services; some current international/national information services; characteristics of local rehabilitation information user groups; and some basic information on program services.

Nesbitt, J. Training aid compiled for the UNESCO's International Symposium on Physical Education and Sports Programs for the Physically and Mentally Handicapped, Washington, D.C., November 22-27, 1982.

This compilation includes a variety of papers and official documents from the U.S. and other countries about recreation for the disabled. The subject matter is wide ranging and includes, for example, a guide to related materials held by ERIC and reports from several international meetings.

Neulinger, J. To leisure: An introduction. Boston: Allyn and Bacon, 1981.

The objective of the author is to increase the awareness of how leisure comes about and to illuminate the conditions that allow it to manifest itself. Of special interest is the chapter on "Leisure during Non-free Time," which considers the intricate relationship between intrinsic and extrinsic rewards and reviews relevant literature. The other chapters cover issues such as: definitions and conceptualizations, the quality of life, objective and subjective approaches, leisure during free time, leisure throughout the life

cycle, roads to leisure, and leisure as a social-political issue.

O'Morrow, G. Recreation counseling: A challenge to rehabilitation. Rehabilitation Literature, 1970, 31(8), 226-233.

In this article, the author attempts to assess the nature of the current literature in recreation counseling and to report briefly on the status of such a service in psychiatric institutions. While the author cannot indicate that the literature on recreation counseling is statistically significant, this study, along with the author's own personal experience, suggests that recreation counseling is important in any rehabilitation process.

Potter, J.C. Physical education and sport for handicapped persons: Current status of development programs around the world. Paper presented at UNESCO's International Symposium on Physical Education and Sport Programs for the Physically and Mentally Handicapped, Washington, D.C., November 22-27, 1982.

The author covers several important topics such as: a definition of deficiency, a definition of adapted physical activities, current methods, programs for developing adapted physical activity, governmental programs for developing physical education, recreational and athletic activities, and an international program of cooperation for development of adapted physical activities.

Resource guide: Recreation and leisure for handicapped individuals. (U.S. Department of Education) Washington, D.C.: U.S. Government Printing Office, 1980.

This resource guide was created to meet the needs for information about recreation programs for the handicapped. It includes sources for program information, funding resources, and government publications.

Rimmer, S. & Kahnweiler, W. The relationship among work, leisure education, future and self: An empirical investigation. The Vocational Guidance Quarterly, December 1981, 30(2), 109-116.

This study was an initial attempt to investigate the relationship among work, leisure, and other life variables (view of self, future, school) in order to provide career counselors with a sound base of information.

Ronen, S. & Kraut, A. An experimental examination of work motivation taxonomies. Human Relations, 1980, 33(7), 505-516.

Several taxonomies of work motivation were tested by comparing the results of metric and nonmetric scaling methods in the analysis of goals rated by 800 salesmen. While the results of the cluster and factor analysis support an intrinsic-extrinsic grouping, the small space analysis map indicates that more complex groupings of motivational variables are appropriate.

Sapora, A., ed. The INTERCALL papers presented at the Second International Conference on Developing Leadership in Leisure and Recreation (Vol. 1). New York: World Leisure and Recreation Association, 1980.

These papers focus on such topics as the development of education for recreation/leisure leadership, a statement of the need and value of leisure education, continuing education in leisure, the performing arts, and community recreation and education in Africa.

Schlenoff, D. The role of a therapeutic running program. Rehabilitation Literature, 1980, 41(3 & 4), 76-77.

The recent surge in the number of persons who jog suggests that running offers more to people than mere physiological benefits. Currently, there exists a plethora of research that suggests that a therapeutic running program may be useful in treating a broad array of disabling conditions in both physical and mental spheres.

Seltzer, J. & Wilson, J. Leisure patterns among four-day workers. Journal of Leisure Research, 1980, 12(2), 116-127.

The four-day work week and other forms of rearranged and flexible schedules change the flow and pattern of a person's work and leisure. This reshaping of the experience of leisure time was investigated for people who are currently working a four-day, forty-hour schedule by asking them how they used their time. Five dimensions of leisure time usage emerged from a factor analysis technique and were analyzed to determine how individual differences impacted on perceptions of leisure time. Several patterns were found.

Stein, J., & Geford, G. The development of physical education and sport of the physically and mentally handicapped throughout the world. Paper presented at UNESCO's International Symposium on Physical Education and Sport Programs for the Physically and Mentally Handicapped, Washington, D.C., November 22-27, 1982.

The paper addresses such topics as historical background, needs, goals and objectives, procedures and mechanics of data collection, delimitations, operational definitions, and recommendations to be considered for development in the African Region, Arabic Region, Asian and Pacific Region, European and North

American Region, and the Latin American and Caribbean Region.

Stordahl, M. Physical education and sport for handicapped persons: The development of personal attitudes and public awareness. Paper presented at UNESCO's International Symposium on Physical Education and Sport Programs for the Physically and Mentally Handicapped, Washington, D.C., November 22-27, 1982.

The article talks about the Beitostolen Health Sports Center in Norway--how it began, its activities, the "Ridderrennet" or "Race for Light," the educational function, new ideas for programs, and recommendations at the international level.

Stubbins, J. Social and psychological aspects of disability Baltimore: University Park Press, 1977.

The chapter "What about Leisure?" reviews some leisure opportunities worldwide: dancing lessons for physically disabled young people in Czechoslovakia; sports for the handicapped in Indonesia; holidays for disabled children in the German Democratic Republic; and the physically handicapped/able-bodied program in the United Kingdom. Leisure time and activities of the mentally handicapped, and leisure as a means for integration are also discussed.

UNESCO. Ad Hoc Committee of the Intergovernmental Committee for Physical Education and Sports: Final report. (Ed-81/Conf. 204/7) Paris: UNESCO, 1982.

This document includes the study of solutions to the difficulties involved in the organization and staging of international sports competitions. It also studies the ways and means of organizing a worldwide education and sports week.

Weiskopf, D. Recreation and leisure: Improving the quality of life (2nd ed.). Boston: Allyn and Bacon, 1975.

The book covers the nature and significance of recreation and leisure. It also provides an overview and understanding of the recreation profession; the role of government in recreation and parks; organized recreation in other sectors; serving the community; leadership, program planning, and organization; and the challenges of recreation.

Westland, C. Report on the special interest session on recreation and leisure at 1980 World Congress of Rehabilitation International. WLRA Bulletin, 1980, 22(5), 14-15.

The overall theme of the congress, prevention and integration, is discussed. The report shares information from a one-day session

that looked at prevention and integration from the leisure and recreation perspective.

Zarskik, J., West, J. & Bubenzer, D. Social interest, running, and life adjustment. The Personnel and Guidance Journal, 1982, 61(3), 146-149.

The purpose of this investigation was to broaden existing research by exploring the relationship between social interest, running, and life adjustment. High social interest persons and runners reported significantly higher life adjustment scores than did low social interest persons and nonrunners. The interaction effect, however, was not significant.

APPENDIX C

National and International Organizations on Recreation and Sports for Disabled Persons

National and International Organizations On Recreation and Sports for Disabled Persons

American Alliance for Health, Physical Education, and Recreation
Unit on Programs for the Handicapped
1201 16th Street, N.W.
Washington, D.C. 20036

American Athletic Association of the Deaf
3916 Lantern Drive
Silver Spring, MD 20902

American Blind Bowling Association
150 N. Bellair Avenue
Louisville, KY 40406

American Camping Association
Bradford Woods
Martinsville, IN 46151

American National Red Cross
Program of Swimming for the Handicapped
17th and D Streets, N.W.
Washington, D.C. 20006

American Wheelchair Bowling Association
2424 N. Federal Highway
Suite 109
Boynton Beach, FL 33435

American Wheelchair Bowling Association
6718 Pinehurst Drive
Evanston, IN 47711

American Wheelchair Pilots Association
3001 Black Canyon Hwy., Apt. 83-A
Phoenix, AZ 85015

Amputee Sports Association
11705 Mercy Blvd.
Savannah, GA 31406

Blind Outdoor Leisure Development
533 E. Main Street
Aspen, CO 81611

Boating for the Handicapped
Human Resources Center
I.U. Willets Road
Albertson, NY 11507

Boy Scouts of America
P.O. Box 61030
Dallas/Ft. Worth Airport, TX 75261

Breckenridge Outdoor Education Center
P.O. Box 697
Breckenridge, CO 80424

British Sports Association for the Disabled
Stoke Mandeville Sports Stadium
for the Paralysed and other Disabled
Harvey Road
Aylesbury, Bucks, GREAT BRITAIN

Camp Fire Girls, Inc.
1740 Broadway
New York, NY 10019

Canadian Wheelchair Sports Association
333 River Road
Ottawa, Ontario, Canada K1L 8B9

Cheff Center for the Handicapped (Riding)
Augusta, MI 49012

Colorado Outdoor Education Center
for the Handicapped
P.O. Box 697
Breckenridge, CO 80424

Czechoslovak Sports Organization
for the Disabled
Na porici 12
115 30 Praha 1 CZECHOSLOVAKIA

Dansk Handicap Idraetsforbund
Idrettens Hus
Brondby
2600 Glostrup DENMARK

Deutscher Behinderten Sportsverb
Mr. E. Rosshenbroich
4 Dusseldorf 12
Neuburgstr, 5 FEDERAL REPUBLIC OF GERMANY

Disabled Sportsmen of America
P.O. Box 26
Vinton, VA 24179

Federation Francaise Handisport
1 Avenue Fierre-Grenier
92 Boulogne-Billancoirt FRANCE

Federation Espanola de Deportes
para Minusvalidos
Fertz 16
Madrid 8 SPAIN

4-H Youth Extension Service
United States Department of Agriculture
Washington, D.C. 20250

Girl Scouts of the U.S.A.
830 Third Avenue
New York, NY 10022

Handicapped Boaters
P.O. Box 1134, Ansonia Station
New York, NY 10023

Handicapped Flyers International
Bill Blackwood
1117 Rising Hill
Escondido, CA 92025

Handicapped Unbound, Inc.
P.O. Box 1044
Prescott, AZ 86302

Hospital Universitaire Brugmann
4 place van Gehuchten
Brussels 1020 BELGIUM

Idrottasamband Fatlaora
P.O. Box 864
101 Reykjavik ICELAND

Indoor Sports Club
31 Margaret Drive, RD No. 6
Ballston Spa, NY 12020

International Committee of the Silent Sports
Gallaudet College
Florida Avenue and Seventh
Washington, D.C. 20002

Irish Wheelchair Association
20 The Close
Woodpark
Ballinteer
Dublin 16 IRELAND

Leisure Information Service
Hawkins and Associates, Inc.
729 Delaware Avenue, S.W.
Washington, D.C. 20024

Minnesota Association for Adapted Athletics
c/o Courage Center
3915 Golden Valley Road
Golden Valley, MN 55422

Minnesota Outward Bound School
P.O. Box 250
Long Lake, MN 55356

Mountain Men
720 Front Street
Bozeman, MT 49715

Mountain Smith
12790 W. 6th Place
Golden, CO 80401

National Amputee Athletic Association
Dick Bryant
836 Oakwood Terrace
Antioch, TN 37013

The National Archery Association
1750 East Boulder Street
Colorado Springs, CO 80909

National Association of the Physically Handicapped
76 Elm Street
London, OH 43140

National Association of Sports for
Cerebral Palsy
P.O. Box 3847 Amity Station
New Haven, CN 06511

National Foundation for Happy
Horsemanship for the Handicapped
P.O. Box 462
Malvern, PA 19355

National Foundation for Wheelchair Tennis
3857 Birch Street, #418
Newport Beach, CA 92660

National Handicapped Sports and Recreation
Association
P.O. Box 18664
Capital Hills Station
Denver, CO 80218

National Paraplegia Foundation
333 N. Michigan Avenue
Chicago, IL 60612

National Park Guide for the Handicapped
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

National Recreation and Park
Association
1601 North Kent Street
Arlington, VA 22209

National Spinal Cord Injury Foundation
369 Elliot Street
Newton Upper Falls, MA 02164

National Therapeutic Recreation Society
1601 N. Kent Street
Arlington, VA 22209

National Wheelchair Athletic Association
Nassau Community College
Garden City, NY 11530

National Wheelchair Basketball Association
110 Seaton Center
University of Kentucky
Lexington, KY 40506

National Wheelchair Marathon Committee-NPF
369 Elliot Street
Newton Upper Falls, MA 02164

National Wheelchair Marathon
Paul DePace
380 Diamond Hill Road
Warwick, RI 02886

National Wheelchair Softball Association
P.O. Box 737
Sioux Falls, SD 57101

Nederlandse Invaliden Sportbond
Postbox 622 Amersfoort
THE NETHERLANDS

Norges Handicapidrettsforbund
Hauger Skolevei
1351 Rud, NORWAY

North American Riding for the
Handicapped Association, Inc.
P.O. Box 100
Ashburn, VA 22011

Oesterrichischer Verschertensportverband
Neubaugasse 64/66
Vienna VII AUSTRIA

P.S.A. Training Center
c/o Department of Physical Education
University of Alberta
Edmonton, Alberta, CANADA T6G 2H9

Paralyzed Veterans of America
Suite 301-W
7315 Wisconsin Avenue
Washington, D.C. 20014

Peter Burwash International, Ltd.
International Foundation of Wheelchair Tennis
1909 Ala Wai Blvd., Suite 1507
Honolulu, HI 96815

Rehabilitation Education Center
University of Illinois
Oak Street at Stadium Drive
Champaign, IL 61820

The Riding School, Inc.
275 South Avenue
Weston, MA 02193

S.A. General Council "START"
02-032 Warszawa
UL-Filtrawa 75 POLAND

Santa Barbara Comm. Golf Course
3500 McCaw Avenue
Santa Barbara, CA 93105

Saves La sport I Rekreaci ju Invalide
Jugoslavije
TRG Bratsv i Jedinstva 9/1
Beograd YUGOSLAVIA

Scottish Sports Council
lst Colme Street
Edinburgh EH 3 6 AA
SCOTLAND

S.I.R.E., Inc. (Self-Improvement through
Riding Education)
91 Old Bolton Road
Stow, MA 01775

SIRLS An Information Retrieval
System for Sociology of Leisure and Sports
Faculty of Human Kinetics and Leisure Studies
University of Waterloo
Waterloo, Ontario, CANADA
N2L 3G1

Ski for All Education
521 Wall Street
Suite 326A
Seattle, WA 98121

Ski for Light -Healthsports, Inc.
1455 W. Lake Street
Minneapolis, MN 55408

George Snyder
5809 N. E. 21st Avenue
Ft. Lauderdale, FL 33308
(Bowling Aids)

Special Olympics
Joseph P. Kennedy Foundation
1701 K Street, N.W. Suite 203
Washington, D.C. 20006

Special Recreation, Inc.
International Center on Special Recreation
362 Koser Avenue
Iowa City, IA 52240

Sports 'n Spokes
5201 N. 19th Avenue, Suite 108
Phoenix, AZ 85015

SVBS. Zentral Sekretariat
Brunaustrasse 6
Zurich 8002 SWITZERLAND

Svenska Handicapidrottsforbundet
Idrotten Hus
Storforsplan 44
12387 Farsta SWEDEN

Travel Information Center
Moss Rehabilitation Hospital
12th Street and Tabor Road
Philadelphia, PA 19141

United Cerebral Palsy
66 E. 34th Street
New York, NY 10016

United States Amputee Association
Richard Bryan
R #2, County Line
Fairview, TN 37062

U.S. Association of Blind Athletes
55 W. California Avenue
Beach Haven Park, NJ 08008

U.S. Blind Golfer's Association
Patrick Browne, President
225 Varonne Street, 28th Floor
New Orleans, LA 70112

United States Deaf Skiers Association
Two Sunset Hill Road
Simsbury, CT 06070

Vinland National Center
3675 Ihduhapi Road
Loretto, MN 55357

Wheelchair Golf
8295 Winnipesaukee Way
Lake Worth, FL 33463

Wheelchair Motorcycle Association
101 Torrey Street
Brockton, MA 02401

Wheelchair Pilots Association
11018 102nd Avenue, North
Largo, FL 33540

Winslow Riding for the Handicapped
P.O. Box 100
Ashburn, VA 22011

Winter Park Handicap Ski Program
Box 313
Winter Park, CO 80432

Leisure and lifestyle : a cross-national report on issues and models for